

Commissioner Notes

By James M. Thomas

This has been an interesting week. Based on what has happened, we have changed the main topic of this newsletter to cover the H1N1 Flu Outbreak. As you know, we now have an incident open in WebEOC to assist with monitoring local and State status. We are also using WebEOC to post draft policies in the file library, for you to use as models. We also plan to add Daily Situation reports that will be posted around noon each day.

We are continually working at updating our website to provide links to the most current sites related to the H1N1 Flu.

I think what is most important is what each of us does as individuals. As Community leaders, we must demonstrate leadership at this time. One way to do this is to use the simple precautions of coughing into your sleeve or shoulder, washing your hands often and not rubbing your eyes, nose or mouth. We are trying our best to provide you with the latest information and will continue to do so as the outbreak continues. Keep in mind that you can contact your Regional Coordinator at any time for additional information.

Attached you will also find notification of this years 4th Annual Emergency Management Director's Workshop. You will notice a change in venue to accommodate a larger number of attendees. Based on your comments from last year, we are planning on having a number of guest speakers that will discuss current issues in the State such as Debris Management. Save the date and register early. More information and an agenda will be forwarded.

**Vol. 5
Issue 5**

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May 2009

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Trailers*

*Traveler's Health
Alert—Swine Flu
English/Spanish*

WHAT'S NEW:

**UPCOMING TRAINING
and EXERCISES**

**4th Annual EMD
Conference—June 2nd**

ICS 300

ICS 400

**May 10th
Mother's Day**

H1N1 FLU—PUBLIC HEALTH EMERGENCY DECLARATION

The Department of Health and Human Services issued a nationwide public health emergency declaration on Sunday April 26th in response to recent human infections with a newly discovered H1N1 influenza A (swine flu) virus.

The formal declaration of a Public Health Emergency (PHE) is a tool that facilitates HHS' preparation and mobilization for disasters and emergencies. For example, PHEs were recently declared for flooding in North Dakota, the Inauguration, and several 2008 hurricanes.

This declaration, made under section 319 of the Public Health Service Act, will help HHS prepare for prevention and mitigation activities by enabling Food and Drug Administration (FDA) emergency use authorizations of drugs, devices, or medical tests under certain circumstances. It will enable the FDA to review and issue emergency use authorizations (EUAs) for the use of certain laboratory tests to help detect the newly discovered strain of influenza and for the emergency use of certain antivirals.



“HHS is taking these steps to be proactive in responding to this new influenza virus by offering national tools in support of community-led preparedness and response efforts,” Acting HHS Secretary Charles Johnson said. “The declaration allows us the flexibility, while we learn more about the virus and its impact in the United States, to take additional steps to fully mobilize our prevention, treatment and mitigation capabilities should those actions become necessary.” In addition to the declaration, HHS leaders are working together across operating divisions to coordinate response to the H1N1 flu outbreak. For example, the FDA, the National Institutes of Health, and the Centers for Disease Control

and Prevention are working together to develop a vaccine precursor that could be used to develop a vaccine for this H1N1 flu virus.

Background on current situation

- ◆ These are swine influenza A (H1N1) viruses which are very different from seasonal human influenza A (H1N1) viruses.
- ◆ Preliminary studies of the H1N1 influenza viruses that have been tested are similar to each other. Additional testing is being done on the viruses.
- ◆ The viruses contain genetic pieces from four different virus sources: North American swine influenza viruses, North American avian influenza viruses, human influenza viruses and swine influenza viruses found in Asia and Europe.
- ◆ This particular genetic combination of H1N1 influenza virus segments has not been recognized before in the United States or anywhere else worldwide.
- ◆ The H1N1 influenza viruses are resistant (not sensitive) to amantadine and rimantadine two of the antiviral medications approved to prevent and treat influenza in the U.S.
- ◆ The viruses are susceptible (sensitive) to the influenza antiviral medications, oseltamivir and zanamivir.

FREQUENTLY ASKED QUESTIONS

What is H1N1 flu?

H1N1 Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza viruses that causes regular outbreaks in pigs. People do not normally get swine flu, but human infections can and do happen. H1N1 flu viruses have been reported to spread from person-to-person, but in the past, this transmission was limited and not sustained beyond three people.



Are there human infections with H1N1 flu in the U.S.?

In late March and early April 2009, cases of human infection with H1N1 influenza A viruses were first re-

ported in Southern California and near San Antonio, Texas. Other U.S. states have reported cases of H1N1 flu infection in humans and cases have been reported internationally as well. An updated case count of confirmed H1N1 flu infections in the United States is kept at <http://www.cdc.gov/swineflu/investigation.htm> CDC and local and state health agencies are working together to investigate this situation.

Is this H1N1 flu virus contagious?

CDC has determined that this H1N1 influenza A virus is contagious and is spreading from human to human. However, at this time, it not known how easily the virus spreads between people.

What are the signs and symptoms of H1N1 flu in people?

The symptoms of H1N1 flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting associated with H1N1 flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with H1N1 flu infection in people. Like seasonal flu, H1N1 flu may cause a worsening of underlying chronic medical conditions.

How does H1N1 flu spread?

Spread of this H1N1 influenza A virus is thought to be happening in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

How can someone with the flu infect someone else?

Infected people may be able to infect others beginning 1 day before symptoms develop and up to 7 or more days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.

What should I do to keep from getting the flu?

First and most important: wash your hands. Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Try not touch surfaces that may be contaminated with the flu virus. Avoid close contact with people who are sick.

Are there medicines to treat H1N1 flu?



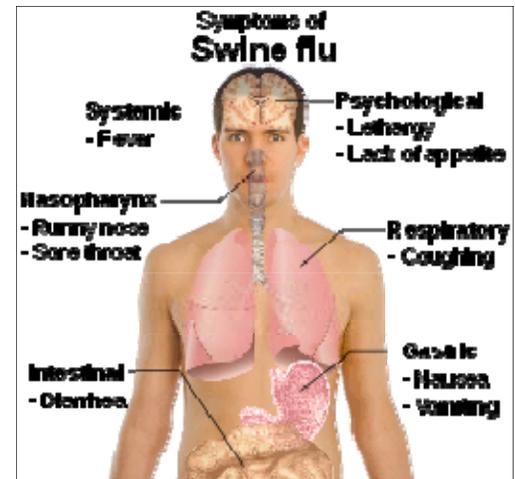
Yes. CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with these H1N1 influenza viruses. Antiviral drugs are prescription medicines (pills, liquid or an inhaler) that fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

How long can an infected person spread H1N1 flu to others?

People with H1N1 influenza virus infection should be considered potentially contagious as long as they are symptomatic and possible for up to 7 days following illness onset. Children, especially younger children, might potentially be contagious for longer periods.

What surfaces are most likely to be sources of contamination?

Germs can be spread when a person touches something that is contaminated with germs and then touches his



or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk and then touches their own eyes, mouth or nose before washing their hands.

How long can viruses live outside the body?

We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, door-knobs, and desks. Frequent handwashing will help you reduce the chance of getting contamination from these common surfaces.

What can I do to protect myself from getting sick?

There is no vaccine available right now to protect against H1N1 flu. There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- ◆ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ◆ Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- ◆ Avoid touching your eyes, nose or mouth. Germs spread this way.
- ◆ Try to avoid close contact with sick people.
- ◆ If you get sick with influenza, CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick, limit your contact with other people as much as possible. Do not go to work or school if ill. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Put your used tissue in the waste basket. Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

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What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water. or clean with alcohol-based hand cleaner. we recommend that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

**What should I do if I get sick?**

If you live in areas where H1N1 influenza cases have been identified and become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea, you may want to contact their health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed.

If you are sick, you should stay home and avoid contact with other people as much as possible to keep from spreading your illness to others.

If you become ill and experience any of the following warning signs, seek emergency medical care.

In children emergency warning signs that need urgent medical attention include:

- ◆ Fast breathing or trouble breathing
- ◆ Bluish skin color
- ◆ Not drinking enough fluids
- ◆ Not waking up or not interacting
- ◆ Being so irritable that the child does not want to be held
- ◆ Flu-like symptoms improve but then return with fever and worse cough
- ◆ Fever with a rash



In adults, emergency warning signs that need urgent medical attention include:

- ◆ Difficulty breathing or shortness of breath
- ◆ Pain or pressure in the chest or abdomen
- ◆ Sudden dizziness
- ◆ Confusion
- ◆ Severe or persistent vomiting

How serious is H1N1 flu infection?

Like seasonal flu, H1N1 flu in humans can vary in severity from mild to severe. Between 2005 until January 2009, 12 human cases of H1N1 flu were detected in the U.S. with no deaths occurring. However, H1N1 flu infection can be serious. In September 1988, a previously healthy 32-year-old pregnant woman in Wisconsin was hospitalized for pneumonia after being infected with H1N1 flu and died 8 days later. A H1N1 flu outbreak in Fort Dix, New Jersey occurred in 1976 that caused more than 200 cases with serious illness in several people and one death.

Can I get H1N1 influenza from eating or preparing pork?

No. H1N1 influenza viruses are not spread by food. You cannot get H1N1 influenza from eating pork or pork products. Eating properly handled and cooked pork products is safe.

Upcoming Training & Exercise

- May 11 & 13 ICS 300—West Hartford
- May 28 WEBeoc Training—Brainard
(All Health Dept, Health Districts, Hospitals and CMED personnel should wait for upcoming training through DPH.)
- Jun 2 4th Annual EMD Conference—SCSU— All Day
Save the Date, More Info to Follow
- July 11 thru 12 ICS 300—Hartford Armory
- Aug 1 thru 2 ICS 400—Harford Armory

For training & exercise questions contact the Training Unit at **860-256-0840**.
Fax: 860-706-5539 or email: Training.demhs@ct.gov

You may register for these courses as listed at: www.ct.gov/demhs; or through POSTC at www.ct.gov/post; or through the CT Fire Academy (CFA) at www.ct.gov/cfca.



Connecticut Deploys Regional Mass Casualty Trailer

Leonard H. Guercia, Jr.
 Connecticut Department of Public Health

The Connecticut Department of Public Health, in cooperation with the Connecticut Department of Emergency Management and Homeland Security (DEMHS), has partnered to deploy five (5) regional mass casualty supply trailers. This joint effort was funded from both the (HRSA) Health Resources Services Administration Hospital Preparedness Grant program and the Homeland Security Grant program. These units contain a cache of durable and disposable medical equipment that can be used to support large-scale incidents, when local EMS supply resources have been, or are expected to be, exhausted. Each trailer has been stocked with primarily basic life support equipment, is designed to provide medical supplies and equipment to treat approximately 100 patients, and are pre-positioned in each of the five (5) DEMHS / EMS regions through a voluntary arrangement with the following EMS service providers:

- DEMHS Region 1: Wilton Vol. Ambulance
- DEMHS Region 2: American Medical Response - New Haven
- DEMHS Region 3: New Britain EMS
- DEMHS Region 4: American Ambulance Service
- DEMHS Region 5: City of Danbury / Danbury EMS

Each trailer contains the following equipment.

- o Immobilization and Splinting Including Long Boards, Straps and Cervical Collars
- o Trauma Supplies and Dressings
- o SMART Triage Tag System
- o Airway Management and Oxygen
- o Oxygen Cylinders and Regulators
- o Oxygen Masks and Tubing
- o Bag valve masks
- o Diagnostics
- o BP Cuffs
- o Miscellaneous EMS Supplies
- o Ice and Heat Packs
- o Personnel Protective Equipment
- o Level C Suits
- o N-95 Masks
- o Body Bags



The Regional Mass Casualty Support Trailers are available to any local jurisdiction requiring the medical supply resources available on the units. In the event of a multi-casualty incident (MCI), the local Incident Command, Medical Branch Director (if so authorized by the IC), or Medical Group Supervisor (if so authorized by the IC) can initiate the request either directly through their local communications center, or through their local C-MED, for deployment of the regional MCI trailer to a designated staging location. The local communications center /CMED will then direct dial the designated Coordinated Medical Emergency Dispatch (CMED) center in the affected region. Those designated CMED centers are identified as follows:

Region 1	Southwest CMED	(203) 338-0762
Region 2	South Central CMED	(203) 499-5600
Region 3	North Central CMED	(860) 769-6051
Region 4	Norwich CMED	(860) 886-1463
Region 5	Northwest Public Safety	(203) 758-0050

C-MED shall dispatch the closest unit to the incident. Based on the totality of the circumstances, and in accordance with any established regional protocols, the designated C-MED may choose to either place a second unit on stand-by or deploy the second unit as a redundant response in case there are factors preventing the original unit from completing the assigned mission. The second unit can also be deployed for additional equipment if required. Upon contact with the most appropriate hosting location’s dispatch center, CMED will relay the following information:



- Requesting agency
- Incident location
- Incident type
- Estimated number of casualties
- Special hazards or any safety concerns
- Designated staging location to report to for assignment

The designated C-MED will contact Incident Command, the Medical Branch Director or the Medical Group Supervisor via C-MED radio, or by phone through their local communications center, and inform them of an estimated time of arrival to the staging area as soon as the host EMS service provider have reported to C-MED that they are en-route with the staffed regional MCI trailer. The host EMS service provider is required to deploy the regional MCI trailer within 30 minutes of activation in the event of an emergency. It is important to note that the closest regional MCI trailer may not necessarily be from the affected Region. The designated C-MED shall verify the closest unit.

The designated C-MED will also contact the Department of Public Health at (860) 509-8000. In addition, the designated C-MED will notify each of the other four designated C-MED centers via direct phone line, MEDNET, or MEDSAT.

For additional information on the program please contact Leonard Guercia at 860-509-8100 or Leonard.guercia@ct.gov.

TRAVELER'S HEALTH ALERT NOTICE

Risk of Swine Flu Associated with Travel to Affected Areas

Public health officials within the United States and throughout the world are investigating outbreaks of swine influenza (swine flu).

Swine flu is a respiratory disease of pigs caused by a type A influenza virus that regularly causes outbreaks of influenza among pigs. Swine flu viruses do not normally infect humans; however, human infections with swine flu do occur. Public health officials have determined that this strain of swine flu virus spreads from human to human and can cause illness.

The outbreak is ongoing and additional cases are expected. For more information concerning swine flu infection, please see the Centers for Disease Control and Prevention (CDC) website:

<http://www.cdc.gov/swineflu/>. For specific information on travel precautions and an update on the affected areas, please visit: www.cdc.gov/travel.

The symptoms of swine flu in people are similar to the symptoms of seasonal flu in humans and may include:

- Fever (greater than 100°F or 37.8°C)
- Sore throat
- Cough
- Stuffy nose
- Chills
- Headache and body aches
- Fatigue

Some people have reported diarrhea and vomiting associated with swine flu. Severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.

People entering the United States who are experiencing symptoms consistent with swine flu and have traveled to an affected area (see <http://www.cdc.gov/swineflu/investigation.htm> for affected areas), or have been exposed to someone possibly infected with swine flu, during the last 7 days should report their illnesses to their health care provider immediately and inform them of their recent travel.

People traveling from the United States to affected areas should be aware of the risk of illness with swine flu and take precautions.

To prevent the spread of swine flu:

- **Avoid contact** with ill persons.
- When you cough or sneeze, **cover your nose and mouth** with a tissue or your sleeve (if you do not have a tissue). Throw used tissues in a trash can.
- After you cough or sneeze, wash your hands **with soap and water**, or use an **alcohol-based** hand gel.
- **If you think you are ill with flu**, avoid close contact with others as much as possible. **Stay at home or in your hotel room. Seek medical care if you are severely ill (such as having trouble breathing).** There are antiviral medications for prevention and treatment of swine flu that a doctor can prescribe. **Do not go to work, school, or travel while ill.**

For more information:

- **Contact your local or state health department**
- Visit <http://www.cdc.gov/swineflu/>
- **Contact CDC 24 Hours/Every Day**
 - 1-800-CDC-INFO (232-4636)
 - TTY: (888) 232-6348
 - cdcinfo@cdc.gov



Swine Flu Travel Health Alert Notice
04-09

SAFER • HEALTHIER • PEOPLE™



AVISO de ALERTA PARA VIAJEROS

Riesgo de contraer influenza porcina asociado a viajes a áreas afectadas

Funcionarios de salud pública de los Estados Unidos y todo el mundo están investigando brotes de influenza porcina (gripe porcina).

La influenza porcina es una enfermedad respiratoria de los cerdos causada por un virus de la influenza tipo A que con frecuencia provoca brotes de influenza entre estos animales. Por lo general, los virus de la influenza porcina no infectan a los humanos, sin embargo, se han presentado casos de este tipo de infecciones en personas. Los funcionarios de salud pública han determinado que esta cepa del virus de la influenza porcina se propaga de persona a persona y puede enfermarlas.

El brote continúa y es de esperar que se presenten casos adicionales. Para obtener más información sobre las infecciones por influenza porcina, consulte el sitio web de los Centros para el Control y la Prevención de Enfermedades (CDC): <http://www.cdc.gov/swineflu/espanol/>. Para obtener información específica acerca de las precauciones para viajeros e información actualizada sobre las áreas afectadas, por favor visite: www.cdc.gov/travel.

Los síntomas de la gripe porcina en las personas son similares a los síntomas de la influenza estacional común y pueden incluir los siguientes:

- Fiebre (mayor que 100 °F o 37.8 °C)
- Dolor de garganta
- Tos
- Congestión nasal
- Escalofríos
- Fiebre y dolores musculares
- Fatiga

Algunas personas han reportado diarrea y vómito asociados a la influenza porcina. Se han reportado enfermedades graves (pneumonía e insuficiencia respiratoria) y muertes en casos de influenza porcina en las personas. Como ocurre con la influenza estacional, la influenza porcina puede agravar las afecciones crónicas subyacentes.

Las personas que lleguen a los Estados Unidos y presenten síntomas similares a los de la influenza porcina y hayan viajado a alguna de las áreas afectadas (consulte <http://www.cdc.gov/swineflu/espanol/investigacion.htm> para verificar las áreas afectadas) o hayan estado en contacto con alguna persona que pudiera estar infectada de influenza porcina durante los últimos 7 días, deben inmediatamente reportar la enfermedad a su proveedor de atención médica e informarle de su reciente viaje.

Las personas que viajen de los Estados Unidos a las áreas afectadas deben estar conscientes del riesgo de enfermarse de influenza porcina y tomar medidas de precaución.

Para prevenir la propagación de la influenza porcina:

- **Evite el contacto** con personas enfermas.
- Cuando tosa o estornude, **cúbrase la nariz y la boca** con un pañuelo desechable o con la manga de su camisa (si no tiene un pañuelo desechable). Bote a la basura los pañuelos usados.
- Después de toser o estornudar, **lávase las manos con agua y jabón**, o use un desinfectante para manos a base de alcohol.
- **Si usted cree que tiene influenza**, evite, tanto como sea posible, el contacto cercano con otras personas. **Quédese en casa o en la habitación de su hotel. Busque atención médica si está enfermo de gravedad** (por ejemplo, si tiene problemas para respirar). Hay medicamentos antivirales para la prevención y el tratamiento de la influenza porcina que su médico le puede recetar. **No vaya al trabajo, la escuela ni viaje mientras esté enfermo.**

Para obtener más información,

- **Contacte a su departamento de salud local o estatal**
- **Visite <http://www.cdc.gov/swineflu/espanol/>**
- **Comuníquese con los CDC 24 horas al día, 7 días a la semana**
 - 1-800-CDC-INFO (232-4636)
 - Línea TTY: (888) 232-6348
 - cdcinfo@cdc.gov



CERT NEWS

The Armsmead Community of Hartford recently completed the Community Emergency Response Team Course (CERT). CERT is a training program that prepares you to help yourself, your family, and your neighbors in the event of a disaster. By taking the twenty hour course, the participants have taken an active role in community preparedness. The graduation was held April 17, 2009 at Harford City Hall. Congratulations to all graduates.



Senior Health Officials from Brazil Visit Connecticut’s Mobile Field Hospital

By Devin J. Murphy—Connecticut Disaster Medical Assistance Team

Windsor Locks, CT - On March 5, 2009 an envoy of senior health officials from the Brazilian government visited with representatives from the Connecticut Departments of Public Health (DPH), Emergency Management and Homeland Security (DEMHS), and the Connecticut Disaster Medical Assistance Team (CT-1 DMAT) to learn about the state’s mobile field hospital program. A portion of the **Ottillie W. Lundgren Memorial Field Hospital** was erected for demonstration purposes at Camp Hartel, an Army National Guard base adjacent to Bradley International Airport.

Commissioner **J. Robert Galvin MD, MPH, MBA** welcomed the envoy, which included the Secretary and the Deputy Secretary of Health for the State of Rio de Janeiro, Brazil. **Leonard Guercia, DPH Operations Chief**, led a tour of the mobile field hospital and gave a presentation of its capabilities. These capabilities include providing patient surge capacity to overwhelmed medical systems, medical services in rural areas, and clinics to promote healthcare access and health education. **Michael Purcaro, DPH Section Chief - Administration Branch**, provided an overview of the integration of civilian and military training operations as they relate to the field hospital and the construction of the New England Disaster Training Center. **Dr. Richard Kamin, OEMS Medical Director, Attending Physician - University of Connecticut Health Center Emergency Department, CT-1 DMAT Physician**, provided insight on how the field hospital supports the mission of the state’s disaster medical response team. **William Hackett, State Emergency Management Director**, provided an overview of the state’s emergency response plans and Urban Search and Rescue Team (US&R) as they relate to the utilization of the mobile field hospital.

This meeting marked the second time that DPH has hosted international leaders to collaborate on the concept and operations of the mobile field hospital. The first visit was in the Fall of 2008 with homeland security officials from the Republic of Uruguay.



Len Guercia, DPH Operations Branch Chief, greets officials from the Brazilian government while inside the mobile field hospital

United States
**Census
2010**

In the Neighborhood



**U.S. Census workers are
visiting your area to
identify the addresses of
all housing units for the
2010 Census.**

Safe. Easy. Important.



**U.S. Census Bureau
Boston Regional Census Center**

One Beacon Street, 7th Floor
Boston, MA 02108
Phone: (6 17) 223-3610
E-mail: Boston.PDSP@census.gov

This Notice Expires 6/30/09

IT'S IN OUR HANDS





DEPARTMENT OF EMERGENCY MANAGEMENT AND
HOMELAND SECURITY

**4TH ANNUAL EMERGENCY MANAGEMENT DIRECTOR'S
WORKSHOP REGISTRATION FORM**

**SOUTHERN CT STATE UNIVERSITY
JUNE 2, 2009**

MUNICIPALITY: _____

TITLE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

Save The Date - Additional Information Will Be Forthcoming
Fax Registration to Sandra Baker at DEMHS - 860-256-0819
by **May 25th.**