



# Registration Form

## 2017 Viral Load Suppression Quality Improvement Contest

Please send form to Dan Belanger ([dan.belanger@health.ny.gov](mailto:dan.belanger@health.ny.gov)) no later than January 15<sup>th</sup>, 2017.

Questions regarding the contest or registration form can also be directed to Dan Belanger.

|   |   |
|---|---|
| Organization Name                           |   |
| Site/Program*                               |   |
| Quality Improvement Team Primary Contact    | Name:<br>Job Title:<br>Phone Number:<br>Email Address:  |
| Quality Improvement Team Additional Contact | Name:<br>Job Title:<br>Phone Number:<br>Email Address:  |
| Organization/Program Lead** Contact         | Name:<br>Job Title:<br>Phone Number:<br>Email Address:  |
| Quality Improvement Team Members            | 1. <span style="float: right;">6.</span><br>2. <span style="float: right;">7.</span><br>3. <span style="float: right;">8.</span><br>4. <span style="float: right;">9.</span><br>5. <span style="float: right;">10.</span> |
| QI Project Title<br><i>(optional)</i>       |   |
| How did you hear about this contest?        |   |

*\*If your organization has more than one site or multiple programs, you should specify here which site or program you are registering for the VLS QI project. If you plan to enter quality improvement projects for more than one of your sites or programs, please submit separate registration forms for each.*

*\*\* Who will be responsible for ensuring that the appropriate resources are available to support the QI project?*