



NJ-LINCS

New Jersey Local Information Network and Communications System
Surveillance • Reporting • Communications • Response



Public Health
Prevent. Promote. Protect.

REGISTRATION FORM – BURLINGTON COUNTY

Please complete a form for each individual, organization, or organization location you wish to enroll. You can return the form(s) by e-mail to BurlcoLincs@co.burlington.nj.us, by fax to (609) 265-3152 or by mail to

Burlington County Health Department
Attn: LINCS Coordinator
15 Pioneer Blvd
Mt Holly, NJ 08060-6000

Title: _____ Name: _____

Profession/Specialty: _____

Organization: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Office telephone number: () _____ Office fax number: () _____

E-mail address: _____@_____

Would you prefer to receive LINCS information primarily by e-mail? Yes [] No []

How did you hear about LINCS? _____

Do you check your e-mail at least once a day? Yes [] No []

With how many other people in your organization will you share this information? _____

Will you share this information with other organizations? Yes [] No []

If so, please list the organization(s) and number of professionals within each organization.

Thank you for your interest in NJ-LINCS!
For more information, please contact the Burlington County Health Department LINCS Coordinator
at (609) 265-5548 or visit www.njlincs.net