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Provider Alert & Informational Broadcast Sign-up

Santa Barbara County Disease Control & Prevention program will send out Provider Alerts & Informational Broadcasts to all entities which we have contact information. **If you would like to be contacted for any and/or all future broadcasts. Please complete the information below.**

First Name:

Last Name:

Title:

Organization Name:

Address:

City:

State:

Zip:

Phone Number:

Extension:

Fax Number:

Email (work only):

Preferred method of contact: Email Fax

The Disease Control & Prevention program will keep all contact information private and will only use when sending priority public health alerts and informational broadcasts. We appreciate your partnership in staying current on emerging public health matters and communications.