



National Prescription Drug Take Back Day Collection Site Registration Sheet



Business or Entity Information

Name:

Mailing Address:

Physical Address:

Point of Contact:

Contact Numbers:

Mobile:

Email:

Collection Site Locations

Point of Contact (Person that will be on site):

Mobile:

Name of Location:

Physical Address of Location:

Points of Reference of Location:

(If more than one site)

Point of Contact (Person that will be on site):

Mobile:

Name of Location:

Physical Address of Location:

Points of Reference of Location:

Day(s) to host collection site:

Comments: