



Course Title:

Date:

Location:

Deadline for Registration:

Submit Registration To:

Maximum Seating:

Training is tuition free

Student Information * Required information

Name* (to be printed on training materials)
First, Last, Initial

Job Title

Agency/Organization

Work Address*

Work Address 2

City* State* ZIP*

Work Phone Number* Fax

Email Address*

Emergency contact Name Phone

Level of Government*

(check one)

- Local
- State
- Federal (DHS)
- Federal (Non-DHS)
- Not Applicable

I am a registered citizen of the United States of America.*

Student Discipline* (check ONE item that best describes your discipline)

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural Safety <i>(Pre and Post Harvest)</i> (AGS) | <input type="checkbox"/> Hazardous Materials (HM) | <input type="checkbox"/> Public Safety Communications (PSC) |
| <input type="checkbox"/> Animal Emergency Services (AES) | <input type="checkbox"/> Health Care (HC) | <input type="checkbox"/> Public Works (PW) |
| <input type="checkbox"/> Citizen/Community Volunteer (CV) | <input type="checkbox"/> Information Technology (IT) | <input type="checkbox"/> Search & Rescue (SR) |
| <input type="checkbox"/> Emergency Management (EM) | <input type="checkbox"/> Law Enforcement (LE) | <input type="checkbox"/> Transportation Security <i>(Air, Water, Ground, Port)</i> (TS) |
| <input type="checkbox"/> Emergency Medical Services (EMS) | <input type="checkbox"/> Private Sector/Corporate Security and Safety Professionals (PSP) | <input type="checkbox"/> Other <i>(please provide description)</i> _____ |
| <input type="checkbox"/> Fire Service (FS) | <input type="checkbox"/> Public Health (PH) | _____ |
| <input type="checkbox"/> Governmental Administrative (GA) | | _____ |

Participant*

(check one)

- Emergency Responder
- Deaf/Hard of Hearing/Deaf-blind

Accommodations Preferred*

- ASL Interpreter
- Deaf-blind Interpreter
- CART
- Assisting Listening System