

Course Registration

PLEASE TYPE OR PRINT ALL INFORMATION

Name:	Current Job Position:
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Name of Organization Represented:

County:

Address:	Work Phone:
	Home Phone:
	Fax:

Male Female

Course Name: Testing an Emergency Operations Plan in a Rural EOC (PER 294)	Course Date(s): April 18 th , 2012
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Email Address

Date of Birth

"I certify that the information recorded on this application is correct."

_____/_____ / _____
Applicant's Signature Date

Send Applications to:

Campbell County Office of Emergency Management
P.O. Box 153
Alexandria, KY 41001
859-635-1111
Fax 859-635-3132