

Course Registration

PLEASE TYPE OR PRINT ALL INFORMATION

Name: _____ Current Job Position: _____

Name of Organization Represented:

County: _____

Address: _____ Work Phone: _____
Home Phone: _____
Fax: _____

Male Female

Course Name: **Planning and Intervention for Gangs, Hate and Terrorist Groups in Jails and Prisons (MGT-401)** Course Date(s): **February 22, 2012**

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**

