

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: **Sharing Information and Intelligence
Disaster Preparedness for Hospitals and
Healthcare Organizations With in the Community
Infrastructure (MGT-341)** Course Date(s):
October 23-24, 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

