

Course Registration Form

COURSE NAME: Supervisors/Commanders

Response to Multiple Incidents (Terrorist Actions)

LOCATION: Washington County Sheriff's Office

DATE: May 17, 2011

FIRST NAME: _____ LAST NAME: _____

RANK: _____

AGENCY: _____

PHONE: (____) - _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENTS PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____

Credentials:

Copy of current department ID required for all students at door.

I have enclosed a Check or Purchase Order in the amount of \$100.00 which represents payment in full for said training program. Completed Registration form should be e-mailed to marilynmattoon@yahoo.com.

Make checks payable to:

Steve Mattoon

Phone: 307-253-6862

PO Box 4334, Casper, WY 82604

APPLICANTS SIGNATURE: _____

TODAY'S DATE: _____

For additional information:

Call Marilyn at 360-970-3001 or marilynmattoon@yahoo.com.