



Maryland Police and Correctional Training Commissions

Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784

Phone - (410) 875-3515

Fax - (410) 875-3511

PROGRAM NAME: AV for Amateurs
PROGRAM DATE/TIME: March 24, 2010/ 8:30am - 12:30pm
PROGRAM LOCATION: Sykesville, MD
PROGRAM COST: \$25
CLOSING DATE: March 10, 2010

DESCRIPTION: Do you ever feel like your computer is out to get you? Does your Murphy's Law state that whenever you are responsible for training, there will be the need for a video and you won't have sound? For those individuals who refer to flash drives as "thing-a-ma-jingies" and PowerPoint as the "great evil," this is the class for you. Students will learn how to use and operate an LCD projector, external drives, and audio equipment. In addition to learning how to use the equipment students will be able to bring laptops, flash drives and additional portable equipment to the class to get receive first hand instruction in the use and operation of this equipment.

\*This is a good class to take for anyone considering an Instructor T4T course.

STUDENT NAME: Certification Number:

Agency Name:

Agency Address:

City: County: State: Zip:

Training Coordinator/Designee: Email

Telephone: ( ) - Fax: ( ) -

Emergency Contact Number for Student\*: ( ) -

\*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

Students will be notified of their status (Registered or Wait List) within five business days of the closing date using the email or contact number provided.

By signing below, I certify that the information above is true and correct. I also acknowledge that my agency may be billed for the training in the event that I (or my designee) fail to cancel the participant's training, in writing, within 72 hours of the initial date of the training.

Signature Department/Agency Head\*\* Printed Name Date

\*\*This form must be signed by the Agency Head or his/her designee.

PAYMENT INFORMATION: Registration Fee - \$ NON-REFUNDABLE

- Check or Money Order (Payable to MPCTC)
Purchase Order Number:
Name of Fiscal Officer/Designee Phone
Email
R\*STARS transfers for STATE agencies codes: Q00, PCA 27119 AOBJ 0302, TC 430
Name of Fiscal Officer/Designee Phone
Email
Credit Card: Please include the MPCTC Credit Form with this registration. This form is available at www.mdle.net,

