



Maryland Police and Correctional Training Commissions Registration Form

PROGRAM NAME: Community Gang Awareness Training of Trainers

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

DATE: February 24-25, 2010 8:00 a.m. - 4:00 p.m.

REGISTRATION INFORMATION: PLEASE PRINT OR TYPE ALL INFORMATION

AGENCY NAME:

AGENCY ADDRESS:

CITY/STATE: ZIP:

AGENCY CONTACT: DATE:

TELEPHONE: FAX:

E-MAIL:

The following individual from my agency is being nominated to attend the above referenced training.
NAME (print) RANK/POSITION

I certify that the above information is true and correct.

Signature of Approving Supervisor

Please Print/Type Name

Date

This training is free of charge. Registrants who register and fail to attend without prior notification may be charged a fee.

Seating is limited to 35. In order to accommodate as many departments as possible, MCCPI reserves the right to limit the number of personnel attending from any given department.

MAIL ORIGINAL OR FAX TO: Maryland Police & Correctional Training Commissions
Attn: MCCPI
6852 4th Street
Sykesville, MD 21784
410-875-3425
FAX: 410-875-3420

PLEASE REGISTER BY FEBRUARY 12, 2010.