



Maryland Police and Correctional Training Commissions Registration Form

**PROGRAM NAME:** Community Gang Awareness Training of Trainers

**LOCATION:** Cambridge Police Department  
8 Washington Street, Cambridge, MD 21613

**DATE:** March 10-11, 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
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**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 4<sup>th</sup> Street  
Sykesville, MD 21784  
410-875-3425  
FAX: 410-875-3420

**PLEASE REGISTER BY March 1, 2010.**