



Maryland Police and Correctional Training Commissions

Registration Form

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

Phone - (410) 875-3514

Fax - (410) 875-3511

PROGRAM NAME: Gang Instructor- Train the Trainer
PROGRAM DATE(S)/TIME: January 20, 2010 8:00am to 4:00pm
PROGRAM LOCATION: Public Safety Education & Training Center, Sykesville, MD
PROGRAM COST: \$25.00
CLOSING DATE: January 13, 2010
DESCRIPTION: Presented by the Maryland Police & Correctional Training Commissions, this all new Gang Instructor T4T session embodies the new training requirements and objectives required by MPCTC beginning January 2009.
* You must be a MPCTC certified instructor and be willing to assist other agencies with their gang instructional needs.*

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, under the heading Training Programs and Forms

Mail or Fax original form to: Cheryl Friend
6852 4th Street
Sykesville, Md. 21784
410-875-3511