



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: Generational Differences in the Workplace

PROGRAM DATE/TIME: February 18, 2010/ 9:00am - 3:30pm

PROGRAM LOCATION: Sykesville, MD

PROGRAM COST: \$25

CLOSING DATE: February 4, 2010

DESCRIPTION: This six-hour course will identify prejudices and stereotypes people have about each of the generations. Participants will review various learning styles utilizing the Learning Type Measure ©. They will also explore generational issues that impact the workforce in staff-staff relations, staff-supervisor relations and supervisor-supervisor relations. This course will provide an overview of adult learning, highlighting the ways in which persons from various generations learn. It will also provide some tips for improving working relationships between employees from different generations.

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