



Maryland Police and Correctional Training Commissions Registration Form

PROGRAM NAME: _____
PROGRAM DATE: _____

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) CERTIFICATION # PHONE# / EMAIL

RANK: _____ PROMOTION DATE TO CURRENT RANK: _____ (For Mandated Classes Only)

I certify that the above information is true and correct.

Signature of Dept./Agency Head Please Print/Type Name Date

Overnight accommodations will be necessary (Check One): Yes No
To reserve overnight accommodations, please call Joanne Cunningham at 410-875-3402. Submission of this Nomination Form will not result in a overnight room reservation. If the class is cancelled or rescheduled, you will need to contact Ms. Cunningham to cancel or adjust your room reservation.

PAYMENT INFORMATION: Registration Fee- \$ _____ (NON-REFUNDABLE)
Refer to training announcement or contact MPCTC for program fees.

- Check or Money Order Purchase Order Number: _____ (attach copy)
Payable to: MPCTC
R*STARS transfers for STATE agencies codes: Q00, PCA 27119, AOBJ 0302, TC 430
YOU MUST INCLUDE - DOCUMENT DATE _____ DOCUMENT NUMBER _____
Credit Card: Last 4 Digits of Card Number: _____ Type: VISA MASTERCARD

A separate Credit Card form is required for submission to MPCTC Accounting Division. Fax to: 410-875-3533

MAIL ORIGINAL OR FAX TO: Maryland Police & Correctional Training Commissions
Attn: Training Unit (Select the Appropriate Unit from below listing)

Table with 5 columns: MPCTC-PSETC, MCCPI, LDI, Firearms Training Unit, Driver Training Unit. Each column lists address, phone, and fax numbers for the respective unit.

REGISTRATION FORM SHOULD BE RECEIVED 30 DAYS PRIOR TO START OF PROGRAM



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.pctc.state.md.us
(410) 875-3400 • V/TTY (800) 735-2258 • E-MAIL: mailbox@mpctc.net

Credit Card Payment Information

Complete and fax to: Finance Dept 410 875-3533

Note: This is for payment purpose only.

NOT A COURSE OR LODGING REGISTRATION FORM

ONLY Cards Accepted

Charge my: Visa (CHECK ONE)

Card Type: Personal Credit Card (CHECK ONE)

Master Card

Business/Corporate Credit Card*

Check One

One time only charge

To be used for this charge and kept on file for future use

Purpose: Registration (CHECK ONE)

Program Name:

Program Date:

Attendee(s):

Lodging Dates:

Digest of Criminal Laws

Other

PLEASE TYPE OR PRINT CLEARLY

Name of Card Holder: (AS IT APPEARS ON CREDIT CARD)

Card # - - - - - Expiration Date / Amount
16 DIGITS MM/YY

Credit Card Statement Address:

State: Zip Code:

Card Holders Signature:

Card Holders Phone Number:

Agency Name:

If receipt is requested, please provide email:

*NOTE: State Agencies must process RSTARS transfer. Credit card form not accepted.