



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: Responding to Allegations of Racial Profiling: Building Trust Between Police and Community

PROGRAM DATE(S)/TIME: July 9, 2009 8:00am - 4:00pm

PROGRAM LOCATION: PSETC 6852 4th Street, Sykesville, MD 21784

PROGRAM COST: FREE

CLOSING DATE: June 26, 2009

DESCRIPTION: This presentation focuses on assisting individuals in understanding and identifying how racial profiling allegations are developed and on the rise. Community leaders are invited to attend.

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: Enter mailing address and fax number for PCTC, DTF, FTF, EDI or AST