



Maryland Police and Correctional Training Commissions

Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784
Phone - (410) 875-3513 Fax - (410) 875-3511

PROGRAM NAME: WMD Radiological/Nuclear Awareness Train the Trainer
PROGRAM DATE(S)/TIME: March 16, 2010 (8:00 am – 5:00 pm)
PROGRAM LOCATION: Sykesville, MD (PSETC)
PROGRAM COST: Free
CLOSING DATE: March 2, 2010
DESCRIPTION: This course is designed to prepare trainers to deliver a WMD Radiological/Nuclear Awareness Course (AWR-140) for first responders and other personnel who are likely to be the first to arrive on the scene of a radiological/nuclear incident.

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.

Mail or Fax original form to: MPCTC
Attn.: Kathy Prieur
6852 4th Street
Sykesville, MD 21784
(410) 875-3511, fax

Questions may be directed to Kathy Prieur at (410) 875-3513 or via email kprieur@dpscs.state.md.us