



TRAINING REGISTRATION FORM

PLEASE DUPLICATE THIS FORM AS NECESSARY

COURSE INFORMATION

Title: **Radar Instructor School** Dates: **March 12-16, 2001**

Location: **Holiday Inn, Wytheville, Virginia**

APPLICANT INFORMATION

Rank: Name: Social Security No:

Department:

Academy Affiliation:

PREREQUISITES

Does the applicant meet the prerequisites listed on the Training Announcement?
If no, please explain:

MEALS & LODGING INFORMATION

Lodging and meals are the responsibility of the attendee.

Do you require an accommodation under provisions of the ADA? () Yes () No

If yes, please state the nature of the accommodation required:

PAYMENT

Do not send payment until after you have received a notification of acceptance!!
**AFTER NOTIFICATION OF ACCEPTANCE, make checks payable to "Commonwealth of Virginia" and mail to:
DCJS, 805 East Broad St., Richmond, VA 23219.**

<u>Service</u>	<u>Cost</u>	<u>Amt Paid</u>
() Tuition	\$50.00	

Signature of Authorizing Official:

Date:

Typed or printed name of Authorizing Official:

Telephone Number:

Please mail registration, do not fax, to: Doug Cooley, 295 Wythe View Drive, Wytheville, Virginia 24382