



### Personal Information

To register multiple people for the same course(s), attach a separate registration form for each person.

Name: \_\_\_\_\_

Title/Rank: \_\_\_\_\_

ACID: \_\_\_\_\_

Agency: \_\_\_\_\_ Service: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Region/District/Area: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (enter last four only)  
 Please notify Employee Development if you prefer not to disclose.

Budget Number: \_\_\_\_\_

### Contact Information

E-mail address \_\_\_\_\_

How would you prefer to receive your registration confirmation?

Telephone Number: \_\_\_\_\_

- E-mail  
 Phone

Supervisor/Contact Name: \_\_\_\_\_

Supervisor/Contact Telephone Number: \_\_\_\_\_

Commissioned or Licensed with TCLEOSE

Non-Commissioned

TCLEOSE PID Number:

(ALL individuals holding ANY TCLEOSE certification must include PID. TCLEOSE credit will not be awarded if not provided)

#### Accommodations:

Eating in campus Cafeteria

Hotel/Other:

Accommodations Paid Personally

Accommodations Paid by DPS

### Register Me for the following:

Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Date: \_\_\_\_\_

Special Needs or Accommodations (describe in detail):

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### For Employee Development use only

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Registered: \_\_\_\_\_ Initials: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Date Replied: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Identification Badge Number: \_\_\_\_\_ Badge Color: \_\_\_\_\_