



2010 Course Registration Form

All information is required

Send to: W/B HIDTA, Attn: Computer Training Center, 9001 Edmonston RD, Suite 300, Greenbelt, MD 20770
 OR Fax to: (301) 489-1745 (There is no need to forward original form)

Name:

Agency & Unit: _____
Agency Address: _____
City, State, Zip: _____
Contact #: () - _____ **Alternate Contact #:** () - _____
Email Address: _____ **Birth Date: (MM/YY)** ____ / ____
Alternate Email: _____
Supervisor Name: _____
Supervisor Address: _____

Course	Date	Alt. Date	Course	Date	Alt. Date
Basic Computing & Organization			PowerPoint I		
Introduction to the Internet			PowerPoint II		
Digital Imaging I			Excel I		
Digital Imaging II			Excel II		
Outlook I			Access Course		
Outlook II			Access Skills Lab		
Word I			Workshop #		
Word II			Workshop #		

AGENCY AFFILIATION: (ONE BOX MUST BE CHECKED IN EACH ROW)

- Local State Law Enforcement Treatment Prevention
 Federal Military Other Assigned to HIDTA Initiative

Missing information will delay registration!

*By signing this form, I agree that I have read & understand the Training Policies as set forth on pages 25 & 26

X _____
 ✍ Your Signature

X _____
 ✍ Supervisor Signature

***Registration Forms will not be accepted without both signatures**

OFFICE USE ONLY

NOTES: