



2009 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)

Trainee Name:			
Agency & Unit:			
Agency Address:			
City, State, Zip:			
Contact #:		Alternate Contact #:	
Email Address:		Birth Date:	
Alternate Email:			
Supervisor Name:			
Supervisor Address:			

Course	Date	Alt. Date	Course	Date	Alt. Date
Case Explorer			PowerPoint I		
Basic Computing & Organization			PowerPoint II		
Introduction to the Internet			Excel I		
Digital Imaging I			Excel II		
Digital Imaging II			Access Course		
GangNet			Access Day 2 Workshop		
Outlook I			Workshop #		
Outlook II			Workshop #		
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

Which version of Microsoft Office are you using? 2000 2003 2007 (To determine your version:)



*By signing this form, I agree that I have read & understand the Training Policies as set forth on page **Error!**

Bookmark not defined.:

X _____

X _____

Your Signature

Supervisor Signature

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

OFFICE USE ONLY

NOTES: