



Training Course Registration

Training Title: _____

Date of Training: _____

Name: _____

DOB: _____

Title: _____

Agency & Unit: _____

Agency Address: _____

Type of Agency: Federal State Local Military Other

HIDTA Initiative: _____

Direct Phone #: _____

Fax Number: _____

Cell Phone: _____

Email Address: _____

Fax to Ruth Phillips at 301-489-1751

Or

Email to Ruth Phillips at rphillip@wb.hidta.org