



Law Enforcement Training Course Registration

COURSE: Courtroom Testimony – January 20 and 21, 2009

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

DOB: \_\_\_\_\_

Last four Digits of Social Security Number: \_\_\_\_\_

Your Title: \_\_\_\_\_

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

Agency Address: \_\_\_\_\_

Type of Agency:     Federal    State    Local    Military    Other

Direct Phone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Supervisor Address: \_\_\_\_\_

Supervisor Phone #: \_\_\_\_\_

Are you a member of a HIDTA Initiative? \_\_\_\_ No \_\_\_\_ Yes Initiative Name:

\_\_\_\_\_

Mail Registration to: Ruth Phillips  
Training Coordinator  
W/B HIDTA  
9001 Edmonston Road, Suite 300  
Greenbelt, Maryland 20770

Or FAX to: Ruth Phillips - FAX# 301-489-1660  
Office Phone Number: 301-489-1751