

Cincinnati-Hamilton County Homeland Security Training Course Registration

Prevention & Response to Suicide Bombing Incidents Incident Response to Terrorist Bombings - Awareness March 23, 2012

PLEASE TYPE OR PRINT ALL INFORMATION

Name:	Current Job Position:
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Name & Address of Organization Represented:

Work Phone: Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile Phone: Fax:
Home Phone:	Email Address:

Circle the training courses you are planning on attending:

Incident Response to Terrorist Bombings - Awareness	Prevention & Response to Suicide Bombing Incidents	Both Courses
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Do you have any disabilities (including allergies or medical conditions) which require special considerations? Yes No If yes, please describe

Briefly describe your job responsibilities as they relate to the course for which you are applying, and identify how you will use the information obtained from this course:

"I certify that the information recorded on this application is correct. I agree to abide by the policies stated in the most recently published Ohio Emergency Management Agency Training Catalog"

_____/_____ Applicant's Signature	_____/_____ Date	_____/_____ Supervisor's Signature	_____/_____ Date
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Send Applications to: Cincinnati-Hamilton County Homeland Security
Attention: Barry Webb, Training Coordinator
Fax: 513.263.8095
Email: Barry.Webb@hamilton-co.org
Registration Deadline: February 24, 2012