



Maryland Police and Correctional Training Commissions Registration Form

PROGRAM NAME: Community Gang Awareness Training of Trainers

LOCATION: Cambridge Police Department
8 Washington Street, Cambridge, MD 21613

DATE: March 10-11, 2010 8:00 a.m. - 4:00 p.m.

REGISTRATION INFORMATION: PLEASE PRINT OR TYPE ALL INFORMATION

AGENCY NAME: _____

AGENCY ADDRESS: _____

CITY/STATE: _____ ZIP: _____

AGENCY CONTACT: _____ DATE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

The following individual from my agency is being nominated to attend the above referenced training.
NAME (print) RANK/POSITION

I certify that the above information is true and correct.

Signature of Approving Supervisor Please Print/Type Name Date

This training is free of charge. Registrants who register and fail to attend without prior notification may be charged a fee.

Seating is limited to 35. In order to accommodate as many departments as possible, MCCPI reserves the right to limit the number of personnel attending from any given department.

MAIL ORIGINAL OR FAX TO: Maryland Police & Correctional Training Commissions
Attn: MCCPI
6852 4th Street
Sykesville, MD 21784
410-875-3425
FAX: 410-875-3420

PLEASE REGISTER BY March 1, 2010.