



## Incident Command Simulation Training Registration Form

First name:----- Middle initial: ----- Last name:-----

Preferred name:-----

Social security no:----- D.O.B.:-----

Ethnicity:----- Gender:----- Education level:-----

Rank:----- Department:-----

Mailing address:-----

City:----- State:----- Zip:-----

Work phone:----- Fax:-----

E-mail:-----

Register me for -----(class)

----- (date)

----- (cost)

### **Payment Method:**

Registration fee (s) enclosed:

Credit card: Visa: ----- MC: ----- ACCT#:----- Exp. Date:-----

Signature:-----

Please invoice my agency. Payment guaranteed. PO#:-----

You will receive a letter confirming your registration.  
If you have any questions please call Magdalena McMillan at (936) 294-4698  
or email: magdalena@shsu.edu  
Please fax this form to number: (936) 294-3926