

# Cincinnati-Hamilton County Homeland Security Training Course Registration

## Course Title: Public Information In A WMD/Terrorism Incident August 19-20, 2008

PLEASE TYPE OR PRINT ALL INFORMATION

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

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

Complete the information below regarding the pre-requisites requirement

Training Course	Date Attended	Location
_____	_____	_____
_____	_____	_____

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 your 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](mailto:Barry.Webb@hamilton-co.org)  
Registration Deadline: July 18, 2008