

2010 Fall School Crisis Preparedness Conference/TLO Training REGISTRATION FORM

Priority may be given to school teams of five to seven persons.

Last Name	First Name	
Job Title/Rank	Name for Name Tag (if different)	
School District (if applicable)	Agency/School/Organization	
Work Phone #	Cell Phone #	Email address
Address	City	Zip

Bring copies of your school crisis preparedness or school safety plan to work with staff in reviewing, revising and improving.

Current School Safety Experience (check all that apply):

- | | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Wisconsin Schools and Emergency Agencies | <input type="checkbox"/> School Security Personnel | <input type="checkbox"/> Emergency Management Team |
| <input type="checkbox"/> Principals/Assistant Principals | <input type="checkbox"/> School Personnel Responsible for Emergency Response | <input type="checkbox"/> Police, Fire, EMS |
| <input type="checkbox"/> School Superintendents | <input type="checkbox"/> School Nurses | <input type="checkbox"/> First Responders |
| | <input type="checkbox"/> Public Health | <input type="checkbox"/> 911 Dispatchers |
| | | <input type="checkbox"/> Elected Officials and Staff |
- Other school/community safety responsibility, which includes _____

REGISTRATION FEES:

\$70/person for single person registration *OR* **\$250/team** for school/community teams of 5 persons
(with a \$50 for each additional person; team members must register at the same time.)

I will be attending the conference on: *(Please check appropriate box for days attending)*

- | | | | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Thurs., October 7
Rice Lake, WI | <input type="checkbox"/> Wed., October 20
Wausau, WI | <input type="checkbox"/> Thurs., November 4
Kimberly, WI | <input type="checkbox"/> Wed., October 13
Wisconsin Dells, WI
<i>This is a special pre-conference session for Threat Liaison Officer training</i> |
| <input type="checkbox"/> Thurs., October 14
Wisconsin Dells, WI | <input type="checkbox"/> Tues., October 26
Milwaukee, WI | <input type="checkbox"/> Thurs., November 11
Eau Claire, WI | |
- This is the first year I have attended a Wisconsin School Crisis Preparedness workshop

TO REGISTER BY MAIL OR FAX:

By Mail: Center for School, Youth and Citizen Preparedness
WI 1019 Lake View Dr., Lodi, WI 53555

By Fax: 608-744-3069

Make payments to Center for School, Youth and Citizen Preparedness. Institutional Purchase Orders accepted. Teams must send information together and fill out separate forms for each person, in order to receive the team discount.

Please send form with payment. Purchase orders for multiple registrations should accompany a completed form for each individual.

TO REGISTER ONLINE:

Please fill out this form and submit by clicking the button below.

- I will send a check made payable to Center for School Youth and Citizen Preparedness
- I will send a purchase order
- Please contact me to pay by credit card

Click here to submit form