

Registration Form

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 refer to during presentations and interactive activities throughout the day.

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 _____

My school can be a host site for the distance learning.

Please contact: _____
Information about being a host site can be found at citizenpreparedness.org.

► Space will be very limited at some sites, therefore register early!

REGISTRATION FEES: \$30/person

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Monday, October 31
CESA 10
725 West Park Avenue
Chippewa Falls, WI | <input type="checkbox"/> Monday, November 14
CESA 7
595 Baeten Road
Green Bay, WI | <input type="checkbox"/> Wednesday, November 30
CESA 6
2300 State Road 44
Oshkosh, WI |
|---|---|---|

- I will be attending at this local distance learning site: _____
 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
W11019 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