

**Inter-Agency  
Training  
Program**

**ENROLLMENT FORM**

Program Title \_\_\_\_\_

Program Date \_\_\_\_\_

Participant's Name \_\_\_\_\_

Department/Agency/Agency Code \_\_\_\_\_

Job Title \_\_\_\_\_

Business Mailing Address: Messenger Service \_\_\_\_\_ Regular Mail \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

PROGRAM PARTICIPANT - What specific skills, knowledge, information do you hope to gain from this program to enable you to perform your job duties more effectively?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR - What are your objectives for your employee attending this program?

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Work Phone \_\_\_\_\_

**IF THE GOVERNOR'S INCLEMENT WEATHER POLICY IS IN EFFECT, CLASSES START AT 10:00 A.M.**

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Participant/Supervisor: Please send completed enrollment forms to Human Resources.

Substitutions: Substitutions may be made at any time prior to the program date.

Cancellations: The Agency is responsible for payment of all fees due, if cancellations are not made prior to program date and/or the employee does not attend without notification.

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Human Resources: Please fax completed enrollments to (870) 512-7807.

Payment: Your agency will be invoiced for payment of registration fees. Make all checks payable to "Inter-Agency Training Program".

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Training Liaison Signature/FAX Number