



INSTITUTE OF PUBLIC SAFETY
3501 DAVIE ROAD
FORT LAUDERDALE, FLORIDA 33314

TRAINING AUTHORIZATION AND REGISTRATION

Course Title: Community Terror Awareness & Preparedness Seminar: A Day of Citizen Knowledge and Empowerment _____

Course Dates: January 28, 2011 _____ to _____

Name: Last _____ First _____ MI _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Certification: Law Enforcement Corrections Non-Sworn

Course Credit: Basic Salary Incentive Mandatory Retraining

The signature below must be an authorized agency administrator which attests to the eligibility of attendees and ensures payment of any fees, as indicated on the individual course announcement.

Agency: _____

Address: _____

Administrator (Printed)

Administrator Signature

Telephone: _____

Date: _____

For IPS use only

Central Campus: Course number:

Sequence number:

Revised 01/10