

REGISTRATION FORM

Stress Management for Emergency Responders

July 21 or July 24, 2009

Pueblo Community College ~ Pueblo, Colorado

Ochiato Theater – Gorsich Advanced Technology Center

PARTICIPANT INFORMATION

Name: _____

Department/Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone Contact: _____

Email: _____

TRAINING DATE (CHOOSE ONE)

8 Hour Training Seminar

___ Tuesday, June 21, 2009 8:00 AM – 5:00 PM

___ Friday, June 24, 2009 8:00 AM – 5:00 PM

PARTICIPANT PROFILE

Position: _____

Department Type: Paid Volunteer Military Other _____

Would you be interested in CEU's?: _____

How did you hear about the training? _____

Special accommodations required? _____

SEND REGISTRATION TO:

MAIL: Pueblo Community College
Business & Industry Workforce Training
900 West Orman Avenue GC 201B
Pueblo, Colorado 81004

FAX: (719) 549-3462

EMAIL: Barbara.jackson@pueblocc.edu

FOR MORE INFORMATION, CONTACT (719) 549-3320 OR TOLL FREE 1-866-478-3256