REGISTRATION FORM

Name of Person Requesting Training

Company/Organization

Position/Title

P.O. Box/Street Address

City, State, Zip

Work Phone Cell Phone

Email Address

Course Title: Date/Time

Please print the participant name, and email address if available that you want to register below

An email address is required so we can confirm registration, send campus parking passes & notify participant of any class date/time changes

Participant Name (please print)	Email	Cost
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
		FREE
	TOTAL:	**FREE**

Signature of Official Requesting Training Date

Fax registration to 870-239-4344
(or scan & email to crystalc@blackrivertech.edu)
or

Mail to
GCITC/BRTC
P.O. Box 1565
Paragould, AR 72451

Questions?

Contact Persons for Consortium Schedule:

Audra Howerton, BRTC — Workforce Programs Developer
870-239-0969 ext 113 or audrah@blackrivertech.edu

Dana Bradford, BRTC — Workforce Operations Coordinator
870-239-0969 ext 112 or danab@blackrivertech.edu