## Missouri Post Critical Incident Seminar

## **Registration Form**

Registration will be handled on a first-come, first-served basis. Once all slots have been filled, a waiting list will be compiled based on date of receipt of registration. There is no charge for the seminar, meals, or lodging for in-state participants. All departments and agencies must provide transportation to and from the seminar location.

Please complete all fields. You may complete this form electronically or by hand. If completing by hand, please print legibly. A separate registration form should be completed for each attendee.

Post Critical Incident	Seminar								
Date of Seminar:									
Name:		Title:	Title:			Sworn Officer			
Address:						Communications Operator / Dispatcher			
City:	State:	Zip Code: Spouse / Significant Other							
Department / Agency:						Firefighter			
Work Phone:						EMT / Paramedic			
Personal Cell:		Work Cell:	Work Cell:			Home Phone:			
Work E-mail:		F	Personal E-r	nail:					
Will you need lodging while attending the seminar? Yes No					If Yes, select all that apply:				
						SUN	MON	TUE	
Please identify any foo	d allergies/r	estrictions:							
Preferred name to be u	used on nam	ne tag:							
Briefly describe the crideath of a child, line of			e involved.	(Exampl	e: fata	al shooting,	incident invo	olving the	
Please print your name	e as you wis	h it to appear on you	ır seminar ce	ertificate	:				
	·								
Return form to:	MO-PCIS F	registration							

Fax to (573) 751-9924 or e-mail completed form to DEFENSE@mshp.dps.mo.gov For questions, please contact Lieutenant Philip W. Morrison at cell (573) 691-7062 or office (573) 526-6235.

Missouri State Highway Patrol - HRD

Jefferson City, MO 65102

P.O. Box 568