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 separa	ate registration	on form should be co	mpleted for	each att	endee.		p.odoc	
Post Critical Incident Seminar				If you are bringing a spouse or significant other, they				
Date of Seminar:			mus	t submit	their own registra	ation form t	to attend.	
Name:	Title:		Sworn Officer					
Address:					Communication	s Operator /	Dispatcher	
City:	State:	Zip Code:		Spouse / Significant Other				
Department / Agency:				Firefighter				
Work Phone:				EMT / Paramedic				
Personal Cell:	Work Cell:				Home Phone:			
Work E-mail:		1	Personal E-	mail:				
Will you need lodging	Yes	es No If Yes, select all that apply:						
					SUN	MON	TUE	
Please identify any fo	od allergies/r	restrictions:						
Preferred name to be	used on nam	ne tag:						
Briefly describe the condeath of a child, line of			e involved.	(Exampl	le: fatal shooting,	incident inve	olving the	
Please print your nam	ne as you wis	h it to appear on yοι	ır seminar c	ertificate	:			

Fax to (978)244-5264 or e-mail completed form to DEFENSE@mshp.dps.mo.gov

For questions, please contact Lieutenant Kristin Coulson at (573) 526-6340.

Jefferson City, MO 65102

MO-PCIS Registration

P.O. Box 568

Missouri State Highway Patrol - HRD

Return form to: