

**State Personnel Board
Professional Development Courses
Training Registration Form
Please complete a separate form for each participant**

Participant's Name:	Preferred Name:	MELMS Identification Number:
Name of Agency:		Work Address:
Home Telephone Number:		Work Telephone Number:
Title:		Email Address:
Are you currently in the ASCP/CPM Program? ASCP Yes No CPM Yes No		Special Services Needed: Wheelchair: Braille: Interpreter: Other:
Participant's Supervisor's Signature:		Supervisor's Telephone Number:
Agency Director's Signature: (or)		Agency Training Coordinator Signature:
Workshop Title(s)	Date Requested	Cost

**Billing Information
Please bill to:**

Agency Name: _____

To the Attention of: _____ **Telephone Number:** _____

Address: _____

SAAS Agency Number: _____ **Agency Fund Code:** _____

**Mail all registrations and/or requests for information to:
State Personnel Board Training Division
301 North Lamar Street, Suite 203, Jackson, Mississippi 39201
or fax at (601) 359-2717**