



# ***IMPORTANT TRAINING! FAX YOUR REGISTRATION, TODAY!***

<p>SPONSORED BY</p> <p><b>CVTC</b></p>	<p><b>BASIC EVIDENCE TECHNICIAN</b></p> <p>Course #: 504-488-915 CRN: 90708</p> <p>Use registration form on back of this flyer</p>
<p><b>Training Dates:</b> May 25 thru June 3, 2010 Tuesdays, Wednesdays and Thursdays only</p> <p><b>Time:</b> 8:00 a.m. to 5:00 p.m.</p> <p><b>Cost:</b> DOJ Funded</p> <p><b>Location:</b> CVTC West Campus ESEC Building Room 117</p> <p><b>Registration Deadline:</b> May 7, 2010</p>	<p><b>Training:</b></p> <p>This Basic Evidence Technician training is based on the Wisconsin State Crime Laboratory's Physical Evidence Handbook.</p> <p>This is a hands-on course that covers the latest development and recovery techniques in evidence identification, documentation, preservation and collection, both at the scene and in the laboratory environment. This highly-regarded workshop is designed for all levels of law enforcement personnel.</p> <p>Class is limited to 24 students.</p> <p>Upon completion each student will receive basic evidence collection kits.</p>

**NOTE: Course is subject to cancellation if class minimum enrollment is not met.**

# REGISTRATION FORM

PLEASE TYPE OR PRINT IN INK (LEGAL NAME)

1. \_\_\_\_\_  
 Last Name                      First Name                      Middle Name

2. \_\_\_\_\_  
 Mailing Address                      Street or R.F.D. Box Number

3. \_\_\_\_\_  
 City                      State                      Zip Code

4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number                      Other/Work Number

5. E-mail: \_\_\_\_\_

6. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number

7. Sex:  Male  Female

8. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. I am 62 years or older:  Yes

10. U.S. Citizen:  Yes  No

11. I am a legal resident of:  
 \_\_\_\_\_  
 City  Village  Township  
 (check one and write in name)

12. \_\_\_\_\_  
 County in which you reside

13. \_\_\_\_\_  
 High School District in which  
 you reside

14. Have you attended this college before?  Yes  No  
 If yes, last year and semester attended: \_\_\_\_\_

15. Name on education records if different than above: \_\_\_\_\_

16. Last high school attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

17. Check highest grade completed:  8  9  10  11  12  13  14  15  16  over

18.  High school graduate  GED  HSED Date completed: \_\_\_\_\_

19. This information is voluntary and confidential. Your response will not affect admission to the Technical College.  
 Ethnic Group:  American Indian/Alaskan Native  Asian  Pacific Islander  Black, not of Hispanic origin  
 Hispanic  White, not of Hispanic origin  Other

Course Number	CRN Number	Course Title	Start Date	Total Fees Due
504-488-915	90708	Basic Evidence Technician	May 25, 2010	DOJ Funded
<b>Total</b>				

**Employer Information:** (to contact you during working hours)

Employer: \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Agencies wishing to be billed must submit a Letter of Intent to Pay or PO on agency letterhead, clearly listing authorized employees and the course number(s) associated with the classes to be billed. Registration forms for each individual must be submitted with the Letter of Intent to Pay.**

I certify that the information on this registration form is true and complete to the best of my knowledge.  
 I understand use of this form gives me an undetermined program status.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**CVTC West Campus Fax No.:** 715-855-7522 • **Email Contact:** [jalcantar@cvtc.edu](mailto:jalcantar@cvtc.edu)  
**Mailing Address:** CVTC Emergency Service Education Center • 620 West Clairemont Avenue • Eau Claire, WI 54701