



SPOKANE DEPARTMENT EMERGENCY MANAGEMENT TRAINING APPLICATION

Attn: Lisa Jameson
Training Coordinator
Emergency Management
1618 N Rebecca
Spokane, WA 99217

Fax: 509-477-5759

Name:	Position in Organization:	
Name & Address of Organization Represented:	Work Phone: ()	
	Work Fax: ()	
	Work Email:	
	Home Phone: ()	
	Male:	Female:

Course Name and Number:

Course Date:

Special Dietary needs:

Do you have any disabilities which require special consideration? If yes, please explain:	Yes:	No:
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Signature of Participant: _____

Date: _____

For additional information on emergency management training, contact the Emergency Management Training Coordinator at ljameson@spokanecounty.org, 509-477-3029, or Fax: 509-477-5759.

Below For Office Use Only

Approved:	Waiting List:	Prerequisite Met:	Withdraw:	No Show:
	Purchase Order #:	Check #:	Course Fee:	