

1**Please Print**

Title (Mr., Mrs., Ms., Dr.) _____ Full name (First, MI, Last, Suffix) _____

Name for certificate _____ Credentials _____

E-mail _____ Priority code (printed above your address) _____

Profession: ARNP Public Safety Communications MD ER Physician EMS Fire Service Government Official Law Enforcement Military Personnel Nurse PIO Public Health Hospital Emergency Planner Emergency Management Nongovernmental Organization Other (please specify) _____

Agency or institution _____

Address (Home or Work) _____

City, County, State, ZIP _____

Daytime phone (_____) _____ Fax (_____) _____

2**Choose track(s).** You may register for multiple tracks as long as the classroom dates do not overlap. Please review the track descriptions in this brochure before you make selection(s): **1. Emergency Operations Center (EOC)** **2. Command** **3. Fire Rescue** Technician Manager **4. Law Enforcement** 4a. Special Weapons & Tactics (SWAT) 4b. Explosive Ordnance Disposal (EOD) 4c. Law Enforcement Officers **5. Disaster Medicine Specialist** **6. Regional EMS Disaster Medicine Management and Procedures** **7. Hospital** 7a. Surge Capacity 7b. Burn Patients 7c. Toxicology/Radiology Exposures 7d. Pediatric Disaster Life Support (PDLS) . . . \$150 7e. Advanced HAZMAT Life Support (AHLS) . . . \$150 **8. Media & Public Information Officers (PIO)** **9. Public Health** Pratt Wichita **10. Disaster Management Course "101" for Elected Officials** **11. Hospital Mass Casualty Incident Drill (MCI)***Enrollment in this track is for volunteer simulated victims only.***3****Payment** (Only tracks 7d & 7e require a payment of \$150 per person to participate. All other tracks are free with registration.) Check enclosed. **Make payable to KU Medical Center.**Charge to: MasterCard VISA (no other cards accepted) Card # _____ Exp. _____

Name on card (print) _____

 Bill company. PO# _____

Billing address (if different from above) _____

4**Release Statement**

I understand there are physical demands required by participating in this training event. I assume all risk of injury including risk to health or well being. I will consult with my physician if I have any doubts about my ability to participate. All organizers, facilitators, and/or supervisors of this training event shall not be liable for any special, incidental, or consequential damages. I hereby release all organizers, facilitators, and/or supervisors of this training and their respective employees, from any and all liability in any way related to injuries or damages I might sustain as a result of my participation in this training event.

Signature _____ Date _____

Due to the nature of this training and drill, participant names and information will be provided to instructors and official coordinators. If you have questions about this, please call Marta Skalacki at 913-588-4543.

May we include your name on our roster of participants? Yes No**Privacy Policy**

KU Continuing Education (KUCE) does not share, sell or rent its mailing lists. You have our assurance that any information you provide will be held in confidence by KU Continuing Education and Rescue Training Associates. We occasionally use mailing lists that we have leased. If you receive unwanted communication from KUCE, it is because your name appears on a list we have acquired from another source.

Program Accessibility

We accommodate persons with disabilities. Please call 913-588-4543 or mark the space on the registration form and a KU Continuing Education representative will contact you to discuss your needs. To ensure accommodation, please register at least two weeks before the start of the conference.

The University of Kansas is committed to providing programs and activities to all persons, regardless of race, religion, color, national origin, ancestry, sex, age, disability, and veteran status. In addition, university policies prohibit discrimination on the basis of sexual orientation, marital status, and parental status. KUMC is an AA/EEO Title IX institution.

Cancellation Policy

KU Continuing Education reserves the right to cancel one or more tracks in the event of insufficient registration. The University of Kansas will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

Special Accommodation

If you will need special accommodation, please mark the box above and a member of the Continuing Education staff will contact you.

CM071105/JCN080083

Complete this form and return by mail to:

Marta Skalacki
The University of Kansas Medical Center
Continuing Education, 3901 Rainbow Blvd
2003 Student Center, Mail Stop 4001
Kansas City, KS 66160-4001

By fax: 913-588-4486**For more information** call 913-588-4543 or visit www.kansas-antiterror.org