

**REGISTRATION FORM**

*Instructions:* To reserve your seat in this free class, print and fill out this form. Then, fax the completed form to this number: (501) 570-0898. You will receive confirmation by email within 7 to 10 days.

*Write in the Training Location and Date you would like to attend:*

**Training Location:** \_\_\_\_\_

**Training Date:** \_\_\_\_\_

*Check the class you would like to attend (choose only one):*

- CDI: Comprehensive Cyberterrorism Defense (CCD)**
- CDI: Cyberterrorism First Responder (CFR)**
- Cybersecurity: Prevention, Deterrence, and Recovery (PDR)**
- Cybersecurity: Incident Handling and Response (IHR)**

*Check what you consider to be your current cybersecurity skill level (check all that apply):*

- No computer experience
- Basic computer experience with no cybersecurity training
- Basic cybersecurity awareness training
- Several cybersecurity courses (2-4)
- Extensive cybersecurity courses (5+)
- Primary job duty
- Auxiliary job duty

*Check your or your agency's primary affiliation (check all that apply):*

- City government
- County government
- Federal government
- Hospital/Medical/EMT
- Law enforcement
- Non-profit organization
- Private company
- Public education/university
- Public or private utility
- State government
- Tribal government
- Other *(please describe):*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Type or print legibly (illegible forms will delay or hinder your registration):*

NAME: \_\_\_\_\_  
Last
First
Middle

PREFERRED FIRST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RANK/TITLE: \_\_\_\_\_

AGENCY/DEPARTMENT: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
Street
City
State
Zip Code

AGENCY TELEPHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_