

# LOJIC TRAINING REGISTRATION FORM

## STUDENT INFORMATION

Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

Special Needs Request: \_\_\_\_\_

## BILLING INFORMATION (Used only if there is a cost for the class.)

Organization \_\_\_\_\_ Contact Person \_\_\_\_\_ \*MSD Center # (MSD employees only) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Course Name	Preferred Date	Alternate Date (this must be completed)	Previous GIS Experience (Yes or No)

**Mail To:**

**LOJIC  
Attention: Jane Poole  
700 W. Liberty Street  
Louisville, KY 40203-1913**

**or fax to (502) 540-6499**

**e-mail: [poole@lojic.org](mailto:poole@lojic.org)  
Phone Number: (502) 540-6435**