

# 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<br>(this must be completed) | Previous GIS<br>Experience<br>(Yes or No) |
|-------------|----------------|--|---|
|             |                |  |   |
|             |                |  |   |
|             |                |  |   |
|             |                |  |   |
|             |                |  |   |

**Mail To:**

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

**or fax to (502) 540-6564**

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