

**East Texas Interagency Wildfire & Incident Management Academy**

**May 15 – 24, 2018**

**Angelina College, Lufkin, TX**

**Registration Form**

You may print this form to mail / fax, email scanned copy, or use the  
On-Line Registration at <https://tiwa.tamu.edu>.

**\*\*PLEASE FILL OUT FORM COMPLETELY\*\***

Student's Name: \_\_\_\_\_

IQCS #: \_\_\_\_\_  
(federal employees only)

Organization: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing Address (if different):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(REQUIRED - if you do not provide a working email address, you will not be able to receive confirmations or notifications)

Please provide an emergency contact name (full name), relationship, & contact number (other than your supervisor):

\_\_\_\_\_

Do you have any allergies or other medical needs? \_\_\_\_\_

**Please enroll me in the following courses:  
(prerequisites MUST be met and overlapping courses ARE NOT permitted)**

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Class: \_\_\_\_\_

**\*\*If your class has prerequisites, please attach a copy of your red card or training records to show prerequisites have been met for each course you are registering for.**

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

O Number: \_\_\_\_\_  
(for office use)

### PAYMENT INFORMATION

1. PAYMENT **MUST** BE MADE PRIOR TO ATTENDING ACADEMY COURSES.
2. CANCELLATIONS MADE THRU MAY 3rd WILL RECEIVE A FULL REFUND.
3. CANCELLATIONS MADE ON OR AFTER MAY 4th WILL INCUR A FEE OF \$55 FOR EACH CLASS CANCELLED.
4. NO REFUNDS WILL BE GIVEN FOR "NO SHOWS".

Substitutions may be made.

### STUDENT COST

Course: _____	Cost: _____
Course: _____	Cost: _____
Course: _____	Cost: _____
Course: _____	Cost: _____
	Total: _____

### METHOD OF PAYMENT

(Federal ID #: 74-6014065)

**CREDIT CARD**

Credit Card Number: \_\_\_\_\_  Visa  MasterCard  Discover  AmEx

Expiration Date: \_\_\_\_\_(mm/yy)      Billing Zip Code: \_\_\_\_\_      CVS code: \_\_\_\_\_

Cardholder's Name (PRINT): \_\_\_\_\_

Cardholder's Name (SIGNATURE): \_\_\_\_\_

\*Credit card payments will be processed immediately upon receipt.

**GOVT CHECK/ PERSONAL CHECK/ MONEY ORDER**

Please make checks out to Texas A&M Forest Service

**PURCHASE ORDER** – Please provide PO # \_\_\_\_\_

**HB 2604/TIFMAS** – Applications must be turned into Grants Department BEFORE the start of the Academy

Mail or fax completed form to:

Texas A&M Forest Service  
Attn: Meredith McNeil, Academy Coordinator  
200 Technology Way, Suite 1162  
College Station, TX 77845-3424

Fax: 979-458-7117

Tel: 979-458-7330