

East Texas Interagency Wildfire & Incident Management Academy

May 17 – 26, 2016

Angelina College, Lufkin, TX

Registration Form

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

****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: _____

PREVIOUS TRAINING

We reserve the right to deny enrollment into a class based on prerequisites given

1. Please list class training completed and dates pertinent to desired courses:
2. Please list past qualifications pertinent to desired courses (FFT1, CRWB, etc.) and please provide a copy of Red Card:

Student Name: _____

O Number: _____
(for office use)

PAYMENT INFORMATION

STUDENT COST:

\$45 per day if registering **BEFORE** April 30, 2016

\$55 per day if registering **STARTING** April 30, 2016

Make checks payable to:
Texas A&M Forest Service

____ Day(s) @ \$45 per day \$ _____

____ Day(s) @ \$55 per day (starting April 30) \$ _____

FEDERAL ID #: 74-6014065

1. **PAYMENT MUST BE MADE PRIOR TO ATTENDING ACADEMY COURSES.**
2. **CANCELLATIONS MADE ON OR BEFORE APRIL 29th WILL RECEIVE A FULL REFUND.**
3. **CANCELLATIONS MADE STARTING OCTOBER 1st WILL INCUR A FEE OF \$55 FOR EACH CLASS CANCELLED.**
4. **NO REFUNDS WILL BE GIVEN FOR "NO SHOWS".**

Substitutions may be made.

METHOD OF PAYMENT

CREDIT CARD* GOVT CHECK PERSONAL CHECK MONEY ORDER PO** HB 2604/TIFMAS***

Credit Card Number: _____ Visa MasterCard Discover AmEx

Expiration Date: _____(mm/yy) Billing Zip Code: _____

Cardholder's Name (PRINT): _____

Cardholder's Name (SIGNATURE): _____

*Credit card payments will be processed immediately upon receipt.

**If using Purchase Order, please provide PO # _____

***If indicating HB 2604 or TIFMAS, please attach a copy of your approval letter.

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