

Capital Area Interagency Wildfire & Incident Management Academy
October 11 – 24, 2018
Camp Swift National Guard Training Facility, Bastrop, TX
Registration Form

You may print this form to mail or 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 need barrack accommodations? Circle one: YES NO

(For barrack stay, please bring a blanket/sheet or sleeping bag and pillow, and necessary toiletries.)

Do you have any allergies or other medical needs? _____

Do you have any food restrictions (i.e. vegetarian, food allergies, etc.)? _____

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 ON or BEFORE OCTOBER 2, 2018 WILL RECEIVE A FULL REFUND.**
3. **CANCELLATIONS MADE STARTING OCTOBER 3, 2018 WILL INCUR A FEE OF \$60 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: _____

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