

ACADEMY FOR STAFF DEVELOPMENT

TRAINING REGISTRATION FORM

Instructions: Please type or print the requested information completely. Incomplete forms will be returned. Mail or fax completed form to: REGISTRAR, ACADEMY FOR STAFF DEVELOPMENT, 1900 RIVER ROAD WEST, CROZIER, VA 23039, (804) 784-6800, FAX – Registrations Only (804) 784-4821, EMAIL TO ACADEMY REGISTRAR MAILBOX OR REGISTRAR@VADOC.STATE.VA.US.

Registration will be accepted by email to “ACADEMY REGISTRAR MAILBOX” IN OUTLOOK/”REGISTRAR” IN ALL-IN-ONE; all information contained on this form must be included.

COURSE INFORMATION

Dates _____ Title _____ Location _____
Dates _____ Title _____ Location _____
Dates _____ Title _____ Location _____

OVERNIGHT ACCOMMODATIONS AT ACADEMY ONLY:

Room needed [] Yes [] No If yes, date of arrival for each class: _____
Dates _____

Participant’s Signature _____

Supervisor’s Signature _____

The Academy provides reasonable accommodations in accordance with the Americans with Disabilities Act. Any persons needing such accommodations for a specific disability should notify the Registrar’s Office with this information at least ten days prior to the start of a program.

CANCELLATION POLICY: In the event you cannot attend a program for which you are registered, please notify the Registrar’s Office immediately (804 784-6816/17).

PERSONAL INFORMATION

Name _____ Social Security # _____

Race _____ Sex [] M [] F (Required for affirmative action only)

EMAIL Address _____

DOC Division: (check one) [] Administration [] Operations

Non-DOC Agency: _____

Region _____ Work Unit _____

Work Mailing Address _____

Work Phone _____ Fax # _____ Years in position _____

Job classification title _____ Number of employees supervised _____

Principal job duties: _____