

Request To Attend MAPS Program

Name of Attendee	
Attendee's Phone Number and Email Address	
MAPS Course Title	
Course Date(s) & Time(s)	
How would this course benefit you in your current position?	
Employee Signature	

Attendees: Do not write below this line

Chartfield To Be Charged (Please Make Sure ALL Numbers are Provided)	Org.	Fund	Account
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Supervisor Signature		Date	
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In Order to Complete the Registration Process, please fax this
COMPLETED form to Lisa McCurdy @ 2-5666. Confirmation of
Enrollment will be e-mailed to the attendee.