

LOJIC TRAINING REGISTRATION FORM

STUDENT INFORMATION

Name _____ Organization _____

Address _____ City _____ State _____ ZIP Code _____

Telephone _____ Fax _____ E-Mail _____

Supervisor Approval _____

Special Needs Request: _____

BILLING INFORMATION (Used only if there is a cost for the class.)

Organization _____ Contact Person _____ *MSD Center # (MSD employees only) _____

Address _____ City _____ State _____ ZIP Code _____

Telephone _____ Fax _____

Course Name	Preferred Date	Alternate Date (this must be completed)	Previous GIS Experience (Yes or No)

Mail To:

**LOJIC
Attention: Jane Poole
700 W. Liberty Street
Louisville, KY 40203-1913**

or fax to (502) 540-6499

**e-mail: poole@lojic.org
Phone Number: (502) 540-6435**