



REGISTRATION POLICY

Course Registration:

Please register by phone, mail, or fax to the Pierce County Department of Emergency Management. Registration forms are required for each course. Forms must be complete and legible, printed or typed. **All registration forms must reach the Department of Emergency Management no later than two weeks prior to the first day of class.** Minimum enrollment is determined two weeks prior to the first day of each course. Receipt of registration is mandatory before the deadline. Participants in rescue courses will receive faxed reminders of needed items for class.

Cancellation Policy:

Pierce County Department of Emergency Management reserves the right to cancel a course at any time due to circumstances beyond its control. If minimum class size has not been met by two weeks prior to the first day of the course, it will be cancelled.

For full tuition refund, all cancellations must be written and received NO LATER THAN TWO WEEKS prior to the class. Cancellations may be mail to April Ost, Directors Office, 2501 S. 35th St., Tacoma, WA 98409. You may fax them to (253) 798-3307 or email them to aost@co.pierce.wa.us Tuition will be 50% reimbursable if notification is received one week before a class. Any cancellations within seven days of class or no-shows will be billed for full tuition. The Director will handle emergency cancellations on a case by case basis.

Billing Policy – Read Carefully.

WE WILL BILL FOR ALL CLASSES. PLEASE, DO NOT PAY IN ADVANCE. Purchase orders or letter of intent is acceptable.

Pierce County Department of Emergency Management invoices after completion of each class. Purchase orders must include the billing address of the paying department. Late cancellations or no-shows that submitted purchase orders or letters of intent will be invoiced for the appropriate amount.

Please contact April Ost, Registration Coordinator, at (253)-798-6595, 8:00 a.m. to 4:30 p.m. weekdays if you have any questions.



Training Program Registration Form

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address: _____

Billing Address (if different than above) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Agency _____

City _____ State _____ Zip _____

Agency Telephone _____ FAX _____

Class Requested: Check one box only. Please complete a separate registration form for each course.

- ATC - 20
- EMS Evaluator
(Prior approval by Norma Pancake_____)
- Trauma First Response
- Rope Rescue
- Rescue Systems I
- "Rescue Team" Training for Fire Service
- Rescue Systems II
- All Hazard Emergency Preparedness Training for Schools
- Trench Rescue
- Other _____

Course Date(s) _____

Do not pay in advance.

Letter of Intent

Purchase Order Number _____

Hard copy must be included with registration.

NOTE: Application will not be processed if the information in the Registration and Cancellation Policies are not followed. For questions, call April Ost at (253) 798-6595

For classes offering lunch, please note that this is a basic box lunch. Vending machines are available for drinks. Students may want to bring their own snacks. Special dietary needs cannot be accommodated.

Mail or fax completed registration and purchase order or letter of intent to:

Pierce County Department of Emergency Management
Office of the Director/ DEM University Training Program
2501 S. 35th St., Suite D
Tacoma WA 98409-7405
FAX: (253) 798-3307
(Federal Tax I.D. #: 91-6001359)