Homeland Security Training Institute
College of DuPage
Registration Form

Course Name: **CERT Challenge**
Dates: **10/03/15**
Time: **8a – 5 pm**
Location: **HEC**

Student Name: (Please Print) _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Phone Number:_____

Email Address:_____

OPTIONAL **Signature** **Date**

HSTI 0005-020