

COMPUTER FORENSICS ANALYSIS & TRAINING CENTER STUDENT REGISTRATION FORM

Last Name: _____ First Name: _____

SSN (required) _____ - _____ - _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Tuition: \$1895.00 (\$1495 FOR LAW ENFORCEMENT)

Your payment is due in full with this application by Friday, November 16, 2007 unless prior arrangements are made. Please remit checks or PO's to: CFATC, 114 W. State Street, 2nd Floor, Media PA 19063. Need help? Call our project management office at 610-891-7701.

Employment Information Section

Employer Name: _____

Employer Address: _____

City, State, Zip: _____

Employed Since: _____ 2006 Salary: _____ Job Title: _____

I submit that all the information contained on this form is true and accurate to best of my knowledge.

I agree to be present and participate in the MAC CF SURVIVAL COURSE for 40 hours (5 days) of training at the Delaware County Training Center location on: DECEMBER 3, 4, 5, 6 and 7, 2007.

Grant awards are non transferable. I agree to reimburse CFATC \$200.00 per day award amount for any missed class during the scheduled week of 12/3 to 12/7, 2007.

I agree to complete a confidential follow up survey and will provide updated employment and salary information periodically for 1 year from training completion date.

The Computer Forensics Analysis and Training Center, Inc. (CFATC) is a Nonprofit Organization working with the PA Department of Labor & Industry and the Workforce Investment Board (WIB) of Delaware County. Student selection is based upon qualifying factors according to state and grant guidelines for workforce development. The CFATC works in accordance with the Commonwealth strategy to use education and training dollars to generate cutting edge skills needed by employers while promoting opportunities and advancement for workers and job seekers. The CFATC keeps all student information relating to salary as confidential except as required to be disclosed in accordance with terms of the training grant or otherwise required by law or regulation.

Signature: _____ Date: _____

FOR CFATC OFFICE USE ONLY

DATE RECEIVED BY CFATC: _____ BY: _____

PAYMENT BY: ___ CHECK (# _____) ___ MONEY ORDER ___ CASH