

Heavy Equipment Boss Live In-Woods Workshop

Dozer Boss & Tractor Plow Boss, Equipment Inspection, & ICT Workshop

(enhanced S-232 & S-233 Dozer Boss & Tractor Plow Boss)

Registration/Nomination Form

| PART 1 REGISTRATION | | Nominations Due By: February 28, 2011 | |
|--|-------------|---|---------------------------------|
| Session One April 18-22: <input type="checkbox"/> OR Session Two April 25-29: <input type="checkbox"/> IQCS#-232 & S-233 #167 DOZB/16 TRPB IQCS S-232 & S-233 #168 DOZB/17 TRPB | | Workshop Location: UM's Lubrecht Experimental Forest | |
| Tuition with Lodging & Meals On-site Monday-Friday: \$685 Wednesday session will consist of a night-time field operation ending late, please consider your work/rest and logistical needs | | Tuition with lunch Monday-Friday: \$350 | |
| Course Coordinator: Kevin Erickson for more information please contact Kevin or Chris Johnson; kerickson@fs.fed.us (406-544-6484), chrismjohnson@fs.fed.us (406-529-7751) | | | |
| STUDENT INFORMATION | | | |
| Last Name: | | First: | Middle: |
| Home Street address: | | | Home phone no.: () |
| P.O. box: | City: | State: | ZIP Code: |
| Billing/Sponsoring Agency: | Supervisor: | | Supervisor's phone: () - |
| List training completed and dates pertinent to this workshop/course | Course | Date | Course Date |
| List your current qualifications pertinent to this workshop/course | | | |
| Nominee's Signature <i>I will notify my Unit Training Officer and the Course Coordinator if I am unable to attend.</i> | | Supervisor's Signature <i>I certify the nominee meets the prerequisites, or if not met, I will list the reasons for attending in *Remarks below.</i> | |
| *Remarks: | | | |

| PART 11: TUITION & PAYMENT INFORMATION | | | |
|---|--|---------------------------------|-------------------------------------|
| Who should we contact for payment? This part must be completed in order to be considered for the workshop! | | | |
| Person responsible for payment: | Phone: () - | Billing Address (if different): | Email.: |
| Method of Payment: | <input type="checkbox"/> Check (should be made out to the University of MT | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |
| Your credit card number can also be called in or emailed to Deb Graham 406.243.4623 | | | Expiration Date: / |
| Authorizing Signature that student meets prerequisites and payment will be made: Name: | | | Date: |
| Please send this completed registration/nomination form through your training representative or non-agency student can send directly to: Deb Graham, School of Extended & Lifelong Learning, 32 Campus Drive 1728, Missoula, MT 59812-1728 Phone: 406.243.4623 Fax: 406.243.2047 Email: Debbra.graham@unmontana.edu | | | |