

When registering online, fill out all the required information as shown below with green boxes. Click Proceed when you have filled out all the required boxes.
Note: DO NOT fill out the Social Security Number.



Participant 1 Information

UR-RES501-48 Disaster City Volunteer Program - Full Scale Exercises

(* denotes a required field)

* Legal First Name:	<input type="text"/>	← Required
Legal Middle Initial:	<input type="text"/>	
* Legal Last Name:	<input type="text"/>	← Required
Legal Last Name Suffix	<input type="text"/>	
Position Title:	<input type="text"/>	
* Company/Organization:	<input type="text"/>	← Required
TEEX ID:	0	
Are You a U.S. Citizen?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number:	<input type="text" value="0"/> (No Dashes or Spaces Please)	← Not Required

MAILING ADDRESS FOR CERTIFICATES AND/OR STUDENT INFORMATION

* Street:	<input type="text"/>	← Required
Street 2:	<input type="text"/>	
* City:	<input type="text"/>	
* State/Province:	<input type="text"/>	
* Zip/Postal Code:	<input type="text"/>	
* Country:	USA	
* This address is my business mailing address:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

* **2 of the 4 fields are required. Please enter a valid email address, phone number, or fax number so we can contact you if the class schedule changes.**

E-Mail:	<input type="text"/>	← Required so we can email instructions and confirmation
Confirm E-Mail	<input type="text"/>	
Phone:	<input type="text"/>	← Required so we can call if training is cancelled due to weather. Cell number is preferred
Alternate Phone:	<input type="text"/>	
Fax:	<input type="text"/>	

* **How Did you hear about TEEEX?**

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Tradeshow/Conference | <input type="checkbox"/> Flyer/Pamphlet | <input type="checkbox"/> Co-Worker |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Training Coordinator | <input type="checkbox"/> Email | <input type="checkbox"/> Certifying Agency |
| <input type="checkbox"/> Other | Please Specify <input type="text"/> | <input type="checkbox"/> Previous Course | |

Required

Click here when finished

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For technical help, please contact us at 877•833•9638 or email us at websupport@teexnet.tamu.edu

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