

**Delta College Public Safety & Training**  
PLEASE POST THIS INFORMATION AND DISTRIBUTE TO SHIFT COMMANDERS

**Evidence Technician Refresher School**

Students for this class will be assigned. Registration will be based upon this questionnaire and submission of this form. You will be contacted regarding your acceptance.

1. What year did you complete your evidence technician training? \_\_\_\_\_
2. How many years have you been employed as an officer? \_\_\_\_\_
3. How often do you perform evidence technician duties in a year? \_\_\_\_\_
4. Including you, how many Evidence Technicians are at your work location? \_\_\_\_\_
5. Please indicate which areas you would like to have advanced instruction in.
 

DNA/Biological Collection	_____	Latent Prints	_____
Gunshot Residues	_____	Impression Collection	_____
Digital Photography	_____	Tool Mark Collection	_____
Other	_____		

**Course Date:** September 25, 2009  
**Course Time:** 8:00 am to 5:00 pm  
**Course Instructor:** Michigan State Police, Crime Lab Personnel  
**Course Location:** Delta College, Room E117  
**Course Fee:** Non-Consortium: \$40.00 per person  
 Delta College Consortium Members: \$35.00 per person

**MCOLES Approved**

**Registration Deadline:** September 15, 2009

<p style="text-align: center;"><b>Cancellation Policy</b></p> <p>Class reservations may be cancelled up to 7 calendar days prior to the first day of class with 100% refund; less than 7 days, but prior to the first day of class with a 50% refund; on the first day of class with a 0% refund. All "no shows" will be charged full price.</p>	<p style="text-align: center;"><b>For information regarding the Delta College Public Safety &amp; Training seminars and other non-credit programs, please visit our website at <a href="http://www.delta.edu/crimjust">www.delta.edu/crimjust</a> or call Dawn Jurik at (989) 686-9176</b></p> <p style="text-align: center;"><b>E-mail: <a href="mailto:dawnjurik@delta.edu">dawnjurik@delta.edu</a></b></p> <p style="text-align: center;"><b>Fax: (989) 667-2211</b></p>	
<b>Delta College Public Safety &amp; Training Registration</b>		
Registrant's Name (Please Print)	Home Phone	Daytime Phone
Home Address	County of Residence	How Long (Mo./Yr.)
City            State    ZIP Code	MCOLES # (if applicable)	Date of Birth
Department Name		
Department Street Address	Department City	Department ZIP Code
Course Name		
<b>Upon the conclusion of your registered course, your agency will be invoiced.</b>		

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