



## 2009 Repatriation Program Training State non-emergency Coordinators Registration Form

The goal of this training is to provide you with information about the U.S. Repatriation Program and to help you better understand the process and responsibilities under the Program Regulations. We urge you to submit this registration form by April 13, 2009, and to look at the Informational Sheet for guidance on how to join this training.

### I. Personal Information (if more than one person will be joining, we ask a form to be completed for each person):

First Name:

MI:

Last Name:

Title:

Department/Agency:

State:

Agency Address:

Telephone:

Fax:

Email:

### II. How will you be joining the Repatriation training?

Please look at the training information sheet for guidance on how to join the training using the method selected.

Video Conference

Teleconference

Web Cast

Will go to the Regional Office

Will go to the Aerospace Building

### III. Check the box that best describes your participation in this training:

State Non-Emergency Repatriation

ACF staff

State Emergency Repatriation

Other (please specify)

**REGISTRATION FORM SHOULD BE SENT TO:**  
**Salome Sullivan, ISS-State Repatriation Trainer, at [ssullivan@iss-usa.org](mailto:ssullivan@iss-usa.org)**  
**or Fax 443-451-1220.**

**For questions regarding this Training, please contact:** Ms. Sullivan at **443-451-1205**.

**For technical questions or problems please contact:** Dorothy Kinder, ACF Video/Audio Conferencing Coordinator, E-mail: [Dorothy.Kinder@acf.hhs.gov](mailto:Dorothy.Kinder@acf.hhs.gov), Phone: 214 767-8717, Fax: 214 767-3743, Cell: 469 222-8901.