**Prescribed Fire Training Exchange Registration—2018**

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| **I. Participant Information** |
| Full name (for course certificate):  |
| Organization and position:  |
| Work address (street, city, state, zip/postal code, country): |
| Work phone: | Cell phone:  | Email: |
| **II. Qualifications: \*SEND COPY OF CURRENT RED CARD\*** |
| Qualified positions: |
| Trainee positions: |
| Are you UTVO Qualified?  |
| **III. In Case of Emergency:** |
| Name:  | Phone number(s): |
| Relationship (family, supervisor, friend, other):  |
| **IV. Medical Information and Diet** |
| Do you have any allergies, medical problems or other conditions that could affect your ability to conduct prescribed fire or take part in other field exercises? If so, please describe below (continue on reverse if needed). Are you vegetarian? Do you have any food allergies or other dietary restrictions?  |
| **V. Transportation Coordination** (transport to and from the Madison, WI airport will be provided if flying) |
| Driving or Flying: |  |
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| **VI: Course Expectations** |
| Briefly describe your expectations for the training. What do you expect to learn, to bring to the course, and to experience? How will this benefit your workplace, organization, and career?  |
| **VII: Supervisor Information** |
| Name:  | Phone:  |
| Job title:  | Email:  |
| **VIII: Shirt Size** |  |
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