



POST CRITICAL INCIDENT SEMINAR

REGISTRATION FORM

Please use this form to register for Post Critical Incident Seminars provided by CISM. Use a separate form for each person attending. **There is no fee for this seminar for participants.** Participants from agencies outside of SCDC should seek funding from their agencies to cover hotel expenses. Once CISM receives your registration, you will receive confirmation with additional information. Please indicate if you are:

Participant Spouse Observer **PCIS Dates:** _____

Name: _____ SCDC Employee ID# _____

Position: _____ Supervisor's Name _____

Home Address: _____ City: _____ ZipCode: _____

Department/Agency/Institution: _____

Home phone: _____ Work phone: _____ Work cell: _____ Personal Cell: _____

Work E-mail: _____ Personal E-mail: _____ Fax: _____

Name preference for Name Tag: _____

Unique Needs: Dietary _____ Other _____
 Physical _____

****Briefly describe why you are participating in this course or the critical incident in which you were involved: (such as assault, traumatic event (work or personal), etc. You may use separate page if additional space is needed.**

For SCDC participants who live and work more than 50 miles from Columbia, there will be no cost for lodging. However, participants may be charged for lodging costs if they fail to inform CISM of their inability to attend within 48 hours of seminar.

*Please complete this form in its entirety and select the **SUBMIT** button below. If you choose to print and email this form, please write legibly and use the email address below.*

Registrations will be handled on a first-come, first-served basis. Registrations submitted after the maximum number of participants are received will be placed on a waiting list based on the registration receipt date. CISM staff will contact you with additional program details.

Email registrations to cism@doc.sc.gov

SUBMIT