



State of Delaware 9th Annual Hazardous Materials Training Workshop Registration Form



Location: Delaware State Fire School, 1461 Chestnut Grove Road, Dover, DE 19904

First Name:		Last Name:	
Company/Agency Name:			
Title:			
Mailing Address:		City:	State: Zip
Email Address:		Phone Number:	

Friday, April 1, 2016 8:30am – 11:45am <i>Check ONE Morning Session:</i>		
Session A	Hospital DECON & Ebola, Part 1	A: _____
Session B	“If You Cannot Measure It, You Cannot Manage It!”, Part 1	B: _____
Session C	TRANSCAER Anhydrous Ammonia Training, Part 1	C: _____
Session D	DOT: Cylinders & HazMat Packaging and Labeling	D: _____
Session E	Meth Labs & Marijuana Grow Labs	E: _____

Friday, April 1, 2016 1:15pm – 4:30pm <i>Check ONE Afternoon Session:</i>		
Session F	Hospital DECON & Ebola, Part 2	F: _____
Session G	“If You Cannot Measure It, You Cannot Manage It!”, Part 2	G: _____
Session H	TRANSCAER Anhydrous Ammonia Training, Part 2	H: _____
Session I	DOT: Container Placarding, Shipping Papers, and ERG	I: _____
Session J	Chemical Suicide	J: _____

Saturday, April 2, 2016 8:30am – 11:45am <i>Check ONE Morning Session:</i>		
Session 1	Emerging Threats Facing America, Part 1	1: _____
Session 2	TRANSCAER Chlorine Emergency Response Training, Part 1	2: _____
Session 3	HazMat Branch Officer Training and Certification, Part 1	3: _____
Session 4	Training for a CBRNE Response: A Safe Perspective	4: _____
Session 5	Chemical Suicide	5: _____
Session 6	Rapid Risk Assessment Techniques	6: _____
Session 7	Storage Tank Firefighting, Part 1	7: _____

Saturday, April 2, 2016 1:15pm – 4:30pm <i>Check ONE Afternoon Session:</i>		
Session 8	Emerging Threats Facing America, Part 2	8: _____
Session 9	TRANSCAER Chlorine Emergency Response Training, Part 2	9: _____
Session 10	HazMat Branch Officer Training and Certification, Part 2	10: _____
Session 11	Bio-Threat Briefing	11: _____
Session 12	HazMat Medicine: Mechanisms of Injury	12: _____
Session 13	“If You Cannot Measure It, You Cannot Manage It!”	13: _____
Session 14	Storage Tank Firefighting, Part 2	14: _____
Session 15	Meth Labs & Marijuana Grow Labs	15: _____

**PLEASE INDICATE IF YOU WILL BE ATTENDING THE TEAM BUILDING DINNER & KEYNOTE ADDRESS
FRIDAY, APRIL 1, 2016 @ 6:00 PM**

YES, I will be attending dinner: _____

NO, I will not be attending dinner: _____

**To register, send completed form to: fire.school@state.de.us or via Fax 1-302-739-6245.
For Questions Regarding this Workshop, Contact Jerry Brennan:
Phone: (302) 739-4773 or via email at jerry.brennan@state.de.us**