

**Kansas Sheriffs' Association  
2014 Fall Conference**

**Training Class Pre-Registration**

Pre-registration for the TRAINING CLASSES is strongly encouraged. We can more effectively plan for the teaching space and student materials, and it will save you time and paperwork at the conference. Please use the attached registration form.  
**THIS IS A PRE-REGISTRATION FOR THE TRAINING ONLY, NOT FOR THE CONFERENCE.**

APPLICANT INFORMATION		BOX 1	
Applicant Name: (Last)		(First)	
		(Middle)	
Title/Rank:	Applicant's Social Security # or KS-CPOST Record Number:		
Agency:		Agency E-Mail Address:	
Agency Phone:		Applicant E-Mail Address:	
Agency Fax:			
Agency Mailing Address: (Street or PO Box)		(City)	(County) (State) (Zip)

COURSE INFORMATION	BOX 2	
Course Title:	Course Date and Time:	I plan on attending this class
<b>Kansas Legal Based Guidelines for Jails / Recap on PREA</b>	<b>11/4/2014, 0800 - 1000</b>	<input type="checkbox"/>
<b>DOE NNSA Transport Program</b>	<b>11/4/2014, 1000 - 1200</b>	<input type="checkbox"/>
<b>Religious Issues in Jails</b>	<b>11/4/2014, 1300 - 1500</b>	<input type="checkbox"/>
<b>Courtroom Security</b>	<b>11/4/2014, 1500 - 1700</b>	<input type="checkbox"/>
<b>Silver Alert</b>	<b>11/5/2014, 0800 - 1000</b>	<input type="checkbox"/>
<b>Use of Deadly Force: a Multi-Jurisdictional Approach</b>	<b>11/5/2014, 1000 - 1100</b>	<input type="checkbox"/>
<b>Report on Public Safety from the KDOC</b>	<b>11/5/2014, 1100 - 1200</b>	<input type="checkbox"/>
<b>Kansas Crime Victims Compensation Overview</b>	<b>11/6/2014, 0800 - 0900</b>	<input type="checkbox"/>
<b>Interstate Compact Act</b>	<b>11/6/2014, 0900 - 1000</b>	<input type="checkbox"/>
<b>Case Study / Panel Discussion: Jared Woosypiti Standoff</b>	<b>11/6/2014, 1000 - 1200</b>	<input type="checkbox"/>

REASONABLE ACCOMODATION	BOX 3	
Pursuant to the Americans with Disabilities Act, we will consider any reasonable need or purpose which the applicant or his/her agency may have regarding the requested course or training. Do You Request a Reasonable Accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments: _____		

AGENCY EXECUTIVE AUTHORIZATION	BOX 4		
(Name)	(Title)	(Signature)	(Date)

Send completed pre-registration form to: KLETC Registrar PO Box 647, Hutchinson, KS 67504-0647 Fax: (620) 694-1420 - E-mail: coned@kletc.org Questions regarding the application process should be directed to (620) 694-1410.	The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.	<b>For KLETC Use Only</b> <b>Project # LE150274</b> Date: _____ Entered By: _____
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**DO NOT ENCLOSE ANY CONFERENCE FEES WITH THIS APPLICATION. CONFERENCE FEES WILL BE COLLECTED AT THE CONFERENCE REGISTRATION TABLE.**