## **SPSA** Course Application

	Course Na	me:				
	Date(s):					
	Location:					
Cor	ntact Inform	ation:				
Nar	me:					
		(Surname)		(First Name)		
Org	anization:					
Title	e:					
Add	dress:					
		(Address)		(City/Town)	(Postal Code)	
Cell/Home Phone:		( )	Work Phone:	( )		
	ail Address: rse confirmation is emai	led)				
Pre	requisites:					
Basic	•	EOC 1 (if applicable): nt (BEM) is a prerequisite for ement Training.				
ICS 1	•	CS 100 (if applicable):				
Completion date of other (if applicable): Other prerequisites as specified in course descriptions.						
Orga	nizational author	ization to attend course:	Comp	olete and return for	m to:	
				Saskatchewan Publi	ic Safety Agency	
Signa	ature			47-12th Street East Prince Albert SK S6		
T:-!-				Email: spsatraining		
Title				Phone: 306-953-37		

NOTE: There is no fee for registration or course materials. Participants are responsible for their own travel, meals and accommodations.

NOTE: A minimum of 12 participants must be registered 2 weeks prior to course dates required.

