



Professional Development Courses Registration Form

MONDAY 8:00 am – 11:30 pm (Each session is 3 hrs.)	
Session	Course Name
1A	Business Recovery Planning: Risk Assessment, Business Impact Analysis and Recovery Planning
1B	Private Sector's Answer to Disaster Planning
1C	Community Emergency Response Team (CERT): Terrorism Module
1D	Safety Assessment Program (SAP) Training
1E	Local Hazard Mitigation Planning (FREE)
1F	FEMA Grant Management Training (FREE)
WEDNESDAY 2:00 pm – 5:30 pm (Each session is 3 hrs.)	
Session	Course Name
2A	Business Recovery Planning: Risk Assessment, Business Impact Analysis and Recovery Planning
2B	Intro to State and Federal Recovery Programs
2C	Safety Assessment Program (SAP) Training
2D	Terrorism Risk Assessment in Your Community

**Courses & instructors subject to change.*



Register early for the discounted rate! Space may be limited. Advance registration must be received by Apr. 14, 2003. Registration is considered late if received & postmarked after Apr. 14, 2003. If you are submitting late registration, please check with us first for space availability

<u>Half-day Session:</u>	<u>Advance</u>	<u>Late</u>	<u>Subtotal:</u>
Session # _____	\$ 95	\$ 135	_____
<u>2-Sessions:</u>	<u>Advance</u>	<u>Late</u>	<u>Subtotal:</u>
Session # _____	\$ 170	\$ 270	_____
Session # _____	(for both)	(for both)	_____
Total Enclosed:			_____

Please e-mail, fax or mail in your registration form to:

Collaborative for Disaster Mitigation, One Washington Square, San José, Ca 95192-0082
Ph: (408) 924-3596 **Fax:** (408) 924-3857 **E-mail:** sjsu_cdm@email.sjsu.edu

NAME: _____ COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

Payment Method:

- Check *(please make checks payable to: CDM)*
 Purchase Order *(please include this form)*
 VISA
 MasterCard
 AMEX

Name on Card: _____ Card No. _____ Exp. _____
(If name on card is other than self, please include authorization letter)