PROBATION OFFICER REGISTRATION FORM

Please return with payment by April 21, 2008 deadline: Registrations without payment will not be valid

RESPONDENT:	TITLE:
DISTRICT:	PHONE NUMBER:
PLEASE SPECIFY WHO WIL	L ATTEND:
(1) NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER:
ADDRESS:	
E-MAIL:	
Please check (if applicable):	I will attend the optional session on Basic Individual Guidelines Training on May 21, 2008.
(2) NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER:
ADDRESS:	
E-MAIL:	
Please check (if applicable):	I will attend the optional session on Basic Individual Guidelines Training on May 21, 2008.
	E THAN TWO OFFICERS SIMPLY COPY THE FORM AS NEEDED.
	e to "Tampa Bay Chapter of the Federal Bar Association") to:
Chrissy Barteaux, Program Coord KYNES, MARKMAN & FELMA P.O. Box 3396 Tampa, FL 33601	

Fee: \$305 per registrant

\$345 per registrant if received on/after April 22, 2008