



REGION 3 TRAINING ANNOUNCEMENT

COURSES OFFERED	Radio Amateur (Ham) Licensing Courses 1. Technician Class 2. General Class 3. Extra Class
DATE	February 11-12, 2012
TIME	Registration: Day 1/0730 – 1700, Day 2/08:00 – Until.
WHERE	Telecommunications Center 1040 George Rogers Blvd Columbia, SC 29201
AUDIENCE	These trainings will be conducted simultaneously to support the SCHEART initiative. All participants are welcome and will be encouraged to consider becoming a volunteer for emergency response organizations (hospitals, shelters, and other healthcare affiliates as well as medical response and ESF-8 agencies).
COST	Registration Fee: \$5.00 (Covers coffee, sodas, and Donuts) Course Manual: \$20.00 Testing Fee: \$15.00 Day 2 (Cash only)
MATERIALS	Each applicant must purchase a training manual for this course. Manuals will be available on the first day of the class for \$20.00 or you may purchase a manual from ARRL for \$29.95 prior to the class please click www.arrl.org/shop or call toll free 888-277-5289.
DESCRIPTION	This is a two-day instructor led class designed to prepare participants for taking the Amateur (Ham) Radio License exams. Each participant must hold the applicable license before upgrading to a higher class License. Study material will be sent to all participants via e-mail upon registration.
POINT OF CONTACT	Bill Dease, USC-CPHP Phone: 803-978-7570 Fax: 803-978-7586 Email: dease@sc.edu Mailing address: Bill Dease, USC-CPHP 1233 Washington Street, Suite 700 Columbia, SC 29201
REGISTRATION	Go to http://www.sph.sc.edu/acphp/scheart/licensing-schedule.htm and register or return your registration by e-mail, regular mail, fax, or phone.

TRAINING REGISTRATION FORM

Please return this attachment by regular mail, phone, fax, or e-mail to the USC-CPHP, attention Bill Dease.

Region 3

TO REGISTER, FILL OUT THE LOWER PART OF THIS FORM AND RETURN IT TO:

USC-CPHP
Phone: 803.978.7576
Fax: 803.978.7586
Email: dease@sc.edu

Mail to:
USC-CPHP
1233 Washington Street, Suite 700
Columbia, SC 29201

PLEASE PRINT! (Thank you.)

Name _____

Course Technician General Extra

Employer _____ Position _____

Address _____

City _____ ST _____ ZIP _____

Daytime Phone _____ Cell Phone _____

Email _____

Do you need special accommodations to attend this meeting? ___ No ___ Yes

If "yes," please describe:
