

REGISTRATION FORM

PTMA TRAINING AND TECHNICAL ASSISTANCE

Personal Information

Last and First Name: _____

Current Legal Residence

Street Address, (Apartment), County, City and State: _____

Current Contact Information

E-mail Address: _____ Contact Number (s): _____

Are you a legal resident of Alabama? Yes No

Birth and Gender

Year of Birth: _____ Gender: Male Female

Emergency Contact

Name and contact number of person and their relationship to you, in case of emergency

Education (use additional pages if necessary)

High School or GED

Name of School/City and State: _____

Year of Graduation or GED Exam: _____

Vo-Tech / AVTS / Career Center Name/City and State: _____

Year of Graduation: _____

College or University

Name of School/City and State: _____

Year of Graduation: _____ Degree, if earned: _____

Desired Training Area(s):

Select your desired training area(s):

Organizational Management (specify)
Media Design (specify)
Information Technology (specify)
Music Production and Recording
Business Management
General Music Education

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Nationality/Race/Ethnicity

Please complete this information in accordance with federal and state reporting requirements. Information will be kept confidential: American Indian/Alaskan Native; Hispanic; Asian/Pacific Islander; Black (Non-Hispanic); White (Non-Hispanic); Nonresident Alien

Purpose

The data will be used for marketing purposes. What are your primary goals in attending the PTMA Training and Technical Assistance Program? (Check all that apply.)

- a. Preparing for a job
- b. Retraining for a new career
- c. Upgrading current skills to advance career field
- d. Personal Interest

As you became familiar with the PTMA Training overview, which of these features impressed you? (Check all that apply.)

- a. Small classes
- b. Access to technology
- c. Facilities, equipment
- d. Computer-to-trainee ratio
- e. Class days, hours and length of training program
- f. Classes taught by Subject Matter Experts
- g. Other, please specify _____

How did you first learn about the PTMA Training and Technical Assistance Project? (Check all that apply.)

- a. Friend who attended PTMA
- b. Program Director or PTMA faculty
- c. Employment/Career Counselor/Facilitator
- d. Parent
- e. PTMA admissions recruiter
- f. Internet search for training programs
- g. Advertisement for the PTMA: Radio Television Newspaper Magazine Internet Word of Mouth

Affidavit & Submission

By typing my name below, I certify that the above statements are correct and that I have answered all required questions. I understand that any falsification of the above information may invalidate my application.
Full name of applicant and date:
