

ATTENDANCE CONFIRMATION FORM

(if this form isn't completed and returned, could jeopardize your attendance)

Northern California Training Center

FAX: 530-222-5460 or email to [nctc\\_training@fs.fed.us](mailto:nctc_training@fs.fed.us)

ALL Blocks MUST be Completed

Course Title: S-339 Division Group Supervisor Date: 1/10-12/2017

Trainee Name \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**FINANCIAL INFORMATION**

(This information is needed so that we can bill your agency properly. If you are paying by check at the session, please note that below.)

Tuition for this session : \_\$220\_ (non-fed add 8% admin fee)

         Paying by check at session (checks written to USDA Forest Service, be prepared to pay 1<sup>st</sup> day)

         Non-Federal Agency Tax ID/DUNS: \_\_\_\_\_

PO Number if available: \_\_\_\_\_

Person of Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

         Other Federal (Circle Agency) NPS FWS BIA BLM (requires an SF-182)

Billing Code: \_\_\_\_\_

Agreement # (if available or CFMA) \_\_\_\_\_

SF-182 MO# \_\_\_\_\_

         FS (Please complete the charge code to bill. Will only be used if your slot is not one that was an allocated slot to a FS Unit)

FS Job Code: \_\_\_\_\_ Override \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**RETURN THIS FORM TO THE TRAINING CENTER**

**BY: January 3, 2017**