

**NDSBA and NDIRF  
THREAT ASSESSMENT TEAM TRAINING  
REGISTRATION FORM  
SUMMER 2018**

\_\_\_\_\_  
SCHOOL DISTRICT [or entity]\*

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY ST ZIP

**CHECK LOCATION\*\* YOU ARE REGISTERING FOR:**

- Bismarck – 7/17       Emerado – 7/18  
 Williston – 8/9       Rugby – 8/10

\_\_\_\_\_  
e-mail address for registration confirmation

NAME OF REGISTRANT	TITLE	PHONE NUMBER	AMOUNT PAID (\$25/team member)
1.	Administrator		\$25
2.	School Counselor		\$25
3.	SRO or LEO		\$25
4.			\$25
5.			
6.			
7.			
8.			

**Teams MUST have a minimum of four members and MUST include a member of administration, the school counselor, and school SRO or a member of law enforcement from the jurisdiction in which the district is located.**

TOTAL AMOUNT ENCLOSED:      \$ \_\_\_\_\_  
 ( \_\_\_\_\_ team members X \$25)

RETURN TO: NDSBA  
 PO Box 7128  
 Bismarck ND 58507-7128

**\*Districts MUST register as a team. Individual registrations will not be accepted. In addition to the three required team members, other team members may include the school social worker, district safety coordinator, special education coordinator, additional members of administration, or other individuals as determined by the district. School board members are encouraged to attend the training with their district team and should be included on this registration form if attending. If you have questions about the makeup of your team, please contact NDSBA.**

**\*\*Participation at each location is limited to six districts.**

**PAYMENT FOR FAX REGISTRATIONS MUST BE RECEIVED PRIOR TO THE DATE OF THE TRAINING.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Manager (signature required)

**CANCELLATIONS: Requests for refunds (less \$10 service fee per registrant) can be honored only if made IN WRITING and FAXED to NDSBA by AT LEAST three days prior to the training registered for. NDSBA will be happy to swap registered team members as necessary.**