

National Seminar and Tabletop Exercise for Institutions of Higher Education



November 16 – 17, 2016

REGISTRATION FORM

University of Illinois at Chicago

Name of Institution:				City, State:
It is recommend	led that several inc	dividuals from the institution	representing the variou	us Team Functions below attend this event as a team.
First Name Last Name		ne Position	Function*	Email
Core Planning Tea	nm Functions: (Please chose one per atten	dee)	
1: Academic Affairs		7: Facilities & Op	erations	13: Public Information Office
2: Business Office		8: Food Services		14: Public Safety Operations
3: Central Administration or Designee		9: Health Services	3	15: Residential Life
4: Counseling & Mental Health Services		ces 10: Human Service	es	16: Student Affairs
5: EMS		11: Information T	echnology	17: Transportation
6: Environmental Health & Safety		12: Legal Counse		18: International Student Services
		To Submit	Your Applicati	on
Save the comp	pleted form as			with your institution's name in the subject
		line to: Academic	Engagement@hq.	dhs.gov

Upon receipt of your submission, the Office of Academic Engagement will administer the final decision regarding your acceptance. Given space constraints, OAE may not be able to accommodate all applicants. You will receive notice of final application decisions.

**There is no cost to attend this event; however, participants are responsible for their own travel, lodging, and per diem expenses.