

1 8 Instructors/Facilitators MUST sign each page of the Event Roster

**Kentucky Division of Emergency Management
Event Roster**

1 Name of Event: _____
2 Location: _____
2 Address: _____
2 City/Community: _____
3 EDBS#/NEXS#: _____

Is This An Exercise? Yes No
 If so, what type: **4**
 Seminar Workshop TTX Game
 Drill Functional Full-Scale

Event Start Date: **5** _____
 Event End Date: **5** _____
 Instructor/Facilitator (1) _____ **6**
 Instructor/Facilitator (2) _____ **6**
 Total Event Hours: _____ **7**

Event Hours: Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____ Day 5: _____ **8**

If registering day-of, please print your name and email address legibly. The name on your certificate will appear as written.

Initials Only, Each Day

	FirstName ¹	MI ¹	Last Name ¹	Title ¹⁰	Agency ^{1 1}	Are you being Paid to attend? ^{1 2}	If Yes, By Whom?	Email ^{1 3}	Job Category ^{1 4}	Day					Total Hrs. ^{1 5}
										1	2	3	4	5	
1	John	QE	Doe	SAR Coordinator	XYZ County	Yes	Local	JQD@xyzcorporation.bus	SAR Supervisor	E					
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1 7 Instructor/Facilitator Signature: _____

Co-Instructor/Facilitator Signature: _____

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									1	2	3	4	5		
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	FirstName 9	MI 9	Last Name 9	Title 10	Agency 11	Are you being Paid to attend? 12 If Yes, By Whom?	Email 13	Job Category 14	Day					Total Hrs. 15	
									1	2	3	4	5		
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										1	2	3	4	5	
79															
80															



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