

CONFIRMATION LETTER



| You are enrolled in the Basic Public Information Office | |
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| Specialized Training Institute (CSTI) scheduled on June 3 | 3-6, 2019 |
| Course code number: <u>G290/291-5-18</u> | |
| In order to confirm your participation, we must receive th | is completed form as soon as possible. |
| Signature of your supervisor constitutes your agency spor | nsorship of the attendee for liability purposes. |
| Yes X I can attend this course. | No, I cannot attend. My replacement is: |
| resreal attend this course. | |
| | Name: |
| NoI cannot attend, please cancel me. | Title: |
| | Agency: |
| | Address: |
| | * New application is required for replacement. |
| Alyssa Lane Applicant Name (Please print) | Applicant's Signature and Date |
| Supervisor Name (Please print) | Supervisor's Signature and Date |

CALIFORNIA SPECIALIZED TRAINING INSTITUTE CAMP SAN LUIS OBISPO, 10 SONOMA AVE., BLDG. #904 SAN LUIS OBISPO, CA 93405-760 (805) 549-3535

Please complete and return via email to

Email: Sarah.Main@CalOES.ca.gov