**REGISTRATION FORM**

The Criminal Defense Investigation Training Council

40 - hour Training Program

FORENSIC SCIENCE INVESTIGATOR ACADEMY

**June 13th - 17th, 2015**

**Forensic Science Applications**

Please check program attending and write in amount:

\_\_\_Complete Program - 5 days/40 hours ----------------------------------- $ 850.00 \_\_\_\_\_\_\_\_\_\_

\_\_\_Per Day - Note Day(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_------ $ 200.00 each \_\_\_\_\_\_\_\_\_\_

 TOTAL: \_\_\_\_\_\_\_\_\_\_

Monday 9:30 am-5:30 pm - Using an Expert and Critiquing the Crime Scene

Tuesday          9:30 am-5:30 pm – **Excursion to Navy Seal Museum** / Firearms, Cartridges and Gunpowder

Wednesday    9:30 am-5:30 pm - Introduction to Blood Spatter Analysis and Blood Detection

Wednesday 7:30 pm – 10 pm – Forensic Photography, low light and inclement weather photography

Thursday 9:30 am-5:30 pm - Crime Scene Exam (AM) / Computer Forensics & Data Recovery (PM)

Friday             9:30 am-5:30 pm – Forensics Latent Print and Impression Evidence

**Certificate of Training will be awarded upon successful completion of the program.**

**CFSI designation awarded after successful completion of exam.**

# NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print as you wish it to appear on certificate)

# TITLE/POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to: CDITC – Check #: \_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAY ONLINE OR**

**MAIL FEE AND REGISTRATION FORM TO:**

**THE CRIMINAL DEFENSE INVESTIGATION TRAINING COUNCIL**

**416 SE Balboa Avenue, Suite 2**

**Stuart, Florida 34994 1-800-465-5233**