

AN EARLY WARNING & RESPONSE SYSTEM

Date:



U.S. Department of Justice National Drug Intelligence Center



USER REGISTRATION FORM

Name:First		Middle	Last		
Organization:					
	*Role:				
Physical Address:	!	- Civ			
(No PO Box)	Street	City	State	Zip code	
Phone:		Fax:			
Email Address: _					
Security Question	1 (choose only ONE	question):			
4	was your first jo	b?			
1. In what town		_			
	favorite pet's na	me?			
2. What is your f	-	me? nentary school?			

*Role:

- Analyst
- Chemist
- Treat provider specializing in drug abuse issues
- Education provider (teacher administrator, school resource officer, school nurse)
- Law enforcement officer
- Medical personnel (physician, nurse, emergency medical technician, medical examiner)
- Other (please explain)

FAX THIS FORM TO: 814-532-5858

ALL FIELDS REQUIRED