

USER REGIST	RATION FOR	M	Date:			
Name:						
	First	Middle	Last			
Organization:						
Title/Position:		*Role:				
Physical Address:	:	<u> </u>				
(No PO Box)	Street	City	State	Zip code		
Phone:		Fax:				
Email Address: _						
Security Question	1 (choose only ONE	question):				
1. In what town	was your first jo	b?				
2. What is your f	favorite pet's nai	me?				
3. What is the na	ame of your elem	entary school?				
Signature:	•					
		RY?				

*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

Paperwork Reduction Act Notice - A person is not required to respond to a collection of information unless it displays a valid OMB control number. The SENTRY user registration form is the first step toward the collection of information related to emerging issues related to the abuse, availability, transportation, and/or distribution of synthetic drugs such as LSD (lysergic acid diethylamide), MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy), and methamphetamine. SENTRY also is intended to monitor prescription drugs, over-the-counter medications, botanical substances and extracts, and chemicals and products involved in the manufacturing of synthetic drugs. The information requested in voluntary.

The estimated average burden associated with completing the user registration form is 5 minutes. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Collection Management Group, National Drug Intelligence Center, 319 Washington Street, 5th Floor, Johnstown, PA 15901, or at (800) 624-4958.