



USER REGISTRATION FORM

Date: _____

Name: _____
First Middle Last

Organization: _____

Title/Position: _____ ***Role:** _____

Physical Address: _____
(No PO Box) Street City State Zip code

Phone: _____ **Fax:** _____

Email Address: _____

Security Question (*choose only ONE question*):

1. **In what town was your first job?** _____
2. **What is your favorite pet's name?** _____
3. **What is the name of your elementary school?** _____

Signature: _____

Where did you hear about SENTRY? _____

***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-methylenedioxyamphetamine, 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 is 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.