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

2/3/2010