# COPS Registration

## DUTY INFORMATION

LAST NAME:

FIRST NAME:

STATUS

- ◯ DoD Civilian
- ◯ Military
- ◯ Contractor

DUTY ADDRESS

CITY:

STATE: ZIP CODE:

DUTY POSITION:

EMAIL ADDRESS:

DUTY PHONE NUMBER:

## Course to Attend

NAME OF COURSE:

DATE OF COURSE:

REASON FOR ATTENDING
and/or EXPECTATIONS:

Complete this form then e-mail to:
usarmy.leonardwood.mp-schl.mbx.dotctto@mail.mil

Use 'File' 'Send File' option in Adobe Acrobat
OR
save the form to your computer then email as an attachment