

January 2010
GCIC Criminal History Record Information Access Training
For GAPS Agencies/Companies

REGISTRATION

**COMPLETE THE FOLLOWING INFORMATION AND EMAIL TO
THE REGISTRATION CONTACT**

Attendee Name:	
Agency/Company Name:	
Agency/Company Mailing Address:	
Agency/Company Identifying Number (ORI or GAPS #)	
Attendee Contact Number:	
Attendee Email Address:	

E-mail Registration Form to:

LAST NAMES STARTING A-M
Adrienne Smith, GCIC Training & Customer Support
Adrienne.smith@gbi.ga.gov

LAST NAMES STARTING N-Z
Cortne Brent, GCIC Training & Customer Support
Cortne.brent@gbi.ga.gov

** lodging information and driving directions will be e-mailed with the confirmation letter**