

ECE-TRIS Participant Sign-in Area - Please Legibly Complete All Fields

Training Title: _____		Date: _____	
PARTICIPANT NAME: _____		BIRTHDATE (2 digit Month & 2 digit Day): ____/____	
EMPLOYER: _____	PERSONAL PHONE: (____) _____	COUNTY: _____	
SIGNATURE: _____	EMAIL: _____		
PARTICIPANT NAME: _____		BIRTHDATE (2 digit Month & 2 digit Day): ____/____	
EMPLOYER: _____	PERSONAL PHONE: (____) _____	COUNTY: _____	
SIGNATURE: _____	EMAIL: _____		
PARTICIPANT NAME: _____		BIRTHDATE (2 digit Month & 2 digit Day): ____/____	
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SIGNATURE: _____	EMAIL: _____		

Submit with Cover Page to ECE TRIS by:

KY Credentialed Trainer **must** Upload within Assign Credit Page.

For DCC Approved events: Fax: (859)622-6838 or Email: ecetris@eku.edu or Upload: <https://tris.eku.edu/SecureFiles/login.aspx>

Visit us on the Web: <https://ece.trc.eku.edu>