



REGISTRATION FORM
 Skill-Task Assessment #S-03 – Signature Test
 (2010)

CONTACT INFORMATION			
1. Last name:	First name:	Middle (initial):	
2. Street address:			
3. City:	4. State/Province:	5. Country	6. ZIP Code:
7. E-mail:	8. Phone:	9. Fax:	

BACKGROUND INFORMATION				
10. Currently employed as a forensic document examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Nature of FDE employment: <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private			
12. Years of experience as a FDE: <input type="checkbox"/> Trainee <input type="checkbox"/> <1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-25 years <input type="checkbox"/> >26 years				
13. Member in good standing in the following organization(s) (check all that apply): <table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> American Academy of Forensic Sciences (QD Section) <input type="checkbox"/> American Society of Questioned Document Examiners <input type="checkbox"/> Canadian Society of Forensic Sciences <input type="checkbox"/> Forensic Science Society <input type="checkbox"/> International Association for Identification <input type="checkbox"/> International Association of Forensic Sciences </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> International Graphonomics Society <input type="checkbox"/> Mid-Atlantic Association of Forensic Scientists <input type="checkbox"/> Midwestern Association of Forensic Scientists <input type="checkbox"/> Southeastern Association of Forensic Document Examiners <input type="checkbox"/> Southwestern Association of Forensic Document Examiners <input type="checkbox"/> Other (please list): </td> </tr> </table>			<input type="checkbox"/> American Academy of Forensic Sciences (QD Section) <input type="checkbox"/> American Society of Questioned Document Examiners <input type="checkbox"/> Canadian Society of Forensic Sciences <input type="checkbox"/> Forensic Science Society <input type="checkbox"/> International Association for Identification <input type="checkbox"/> International Association of Forensic Sciences	<input type="checkbox"/> International Graphonomics Society <input type="checkbox"/> Mid-Atlantic Association of Forensic Scientists <input type="checkbox"/> Midwestern Association of Forensic Scientists <input type="checkbox"/> Southeastern Association of Forensic Document Examiners <input type="checkbox"/> Southwestern Association of Forensic Document Examiners <input type="checkbox"/> Other (please list):
<input type="checkbox"/> American Academy of Forensic Sciences (QD Section) <input type="checkbox"/> American Society of Questioned Document Examiners <input type="checkbox"/> Canadian Society of Forensic Sciences <input type="checkbox"/> Forensic Science Society <input type="checkbox"/> International Association for Identification <input type="checkbox"/> International Association of Forensic Sciences	<input type="checkbox"/> International Graphonomics Society <input type="checkbox"/> Mid-Atlantic Association of Forensic Scientists <input type="checkbox"/> Midwestern Association of Forensic Scientists <input type="checkbox"/> Southeastern Association of Forensic Document Examiners <input type="checkbox"/> Southwestern Association of Forensic Document Examiners <input type="checkbox"/> Other (please list):			
14. Have you participated in any of the following forms of FDE testing? (check all that apply) <input type="checkbox"/> Collaborative Testing Services <input type="checkbox"/> FEPL (LaTrobe University, Australia) <input type="checkbox"/> ENFHEX Collaborative Exercises	15. Certified FDE? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Certified by: <input type="checkbox"/> ABFDE <input type="checkbox"/> Other (please list)		



PAYMENT OPTIONS	
<p>17. Price varies depending upon delivery location (please check one only).</p> <p>United States <input type="checkbox"/> Check \$250.00 <input type="checkbox"/> PayPal \$250.00</p> <p>Canada/Mexico <input type="checkbox"/> Check \$273.00 <input type="checkbox"/> PayPal \$273.00</p> <p>Other countries <input type="checkbox"/> Check \$287.00 <input type="checkbox"/> PayPal \$287.00</p>	<p>Make checks payable to "ST2AR, Inc" and mail to: ST2AR, Inc. 9360 West Flamingo Road, Suite 110-400 Las Vegas, NV 89147</p> <p>On-line payments can be made on ST2AR's website (www.ST2AR.org) using PayPal.</p>
<p>18. My participation in the Skill-Task Assessment will be: (check one)</p> <p><input type="checkbox"/> As an individual without a Peer Reviewer <input type="checkbox"/> As a Peer Reviewer for <input type="checkbox"/> With a Peer Reviewer</p>	

PARTICIPANT WAIVER
<p>19. I have read and understand the Privacy Statement provided below.</p>
<p>20. I understand that I am under no obligation to complete or to return the "Answer Sheet" to ST²AR, Inc. <i>(Note: An "Answer Sheet" will be included in the Skill-Task Assessment package being purchased.)</i></p>
<p>21. If I elect to complete and return the "Answer Sheet" to ST²AR, Inc. I understand that my recorded answers will be scored against true known answers and that I will be informed by ST²AR, Inc. of my results.</p> <p>Furthermore, if I elect to complete and return the "Answer Sheet" to ST²AR, Inc. I understand that ST²AR, Inc. reserves the right to publish, present and/or release data (i.e. performance characteristics and demographic information) regarding my participation in this Skill-Task Assessment and that any disclosure will not reflect any personal information obtained above (Items 1-9).</p> <p><i>*Note: ST²AR, Inc. will <u>not</u> publish, present and/or release any personal information (information obtained above in Items 1-9) regarding any participant without obtaining prior written consent unless required to do so by law.</i></p>
<p>22. In the event I elect to complete and return an "Answer Sheet" to ST²AR, Inc. I affirm that all analysis will be conducted independently (or as part of a declared peer review process per Item 18) and all recorded answers will solely reflect my individual work product (or those stemming from the declared peer review process).</p> <p><i>*Note: Failure to comply with this requirement will be considered as a serious breach of professional ethics and may result in banishment from all future ST²AR, Inc. activities/programs.</i></p>
<p>23. By entering my name below I agree to Items 19-22, above.</p>
<p>_____</p> <p style="display: flex; justify-content: space-between;"><i>Participant Name</i> <i>Date</i></p>

PRIVACY STATEMENT
<p>ST2AR is committed to protecting your privacy.</p>
<p><u>Uses of Information:</u></p> <ul style="list-style-type: none"> We use the information we collect only to provide the services you request. We use your information to inform you of the services offered by ST²AR, Inc. and to send you relevant updates and invitations related to ST²AR, Inc. activities and programs. We do not sell, rent, swap or lease our lists of names to third parties. In order to help provide our services, we occasionally provide information to other companies that work on our behalf.