



REGISTRATION FORM

STA #S-02 – Signature Test
and/or
STA #I-01 – Ink Differentiation Test
(Please Print)

CONTACT INFORMATION				
1. Last name:		First name:		Middle:
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"/> Full time <input type="checkbox"/> Part-time) <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. Current FDE status: <input type="checkbox"/> Trainee/Apprentice <input type="checkbox"/> Practicing FDE	
13. Years of experience as a FDE (since completing training): <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	
14. Member in good standing in the following organization(s) (check all that apply): <input type="checkbox"/> American Academy of Forensic Sciences (QD Section) <input type="checkbox"/> International Graphonomics Society <input type="checkbox"/> American Society of Questioned Document Examiners <input type="checkbox"/> Mid-Atlantic Association of Forensic Scientists <input type="checkbox"/> Canadian Society of Forensic Sciences (QD Section) <input type="checkbox"/> Midwestern Association of Forensic Scientists <input type="checkbox"/> Forensic Science Society <input type="checkbox"/> Southeastern Association of Forensic Document Examiners <input type="checkbox"/> International Association for Identification <input type="checkbox"/> Southwestern Association of Forensic Document Examiners <input type="checkbox"/> International Association of Forensic Sciences <input type="checkbox"/> Other (please list):	
15. 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"/> ABFDE Pilot test program (2006) <input type="checkbox"/> ENFHEX Collaborative Exercises	
16. Certified FDE? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Certified by: <input type="checkbox"/> ABFDE <input type="checkbox"/> Other (please list)



PAYMENT OPTIONS

18. If you attended the 2008 ST2AR "FDE Fall Workshop", please go to Block 18a.

If you did not attend the 2008 ST2AR "FDE Fall Workshop", please go to Block 18b.

18a. Price varies depending upon delivery location and are in US Dollars (please check one box only).

	STA # S-02	or	STA #I-01	or	Both
United States	<input type="checkbox"/> \$210.00		<input type="checkbox"/> \$160.00		<input type="checkbox"/> \$370.00
Canada/Mexico	<input type="checkbox"/> \$225.00		<input type="checkbox"/> \$175.00		<input type="checkbox"/> \$400.00
Other countries	<input type="checkbox"/> \$240.00		<input type="checkbox"/> \$190.00		<input type="checkbox"/> \$430.00

Price includes all shipping/handling charges.

18b. Price varies depending upon delivery location and are in US Dollars (please check one box only).

	STA # S-02	or	STA #I-01	or	Both
United States	<input type="checkbox"/> \$260.00		<input type="checkbox"/> \$185.00		<input type="checkbox"/> \$445.00
Canada/Mexico	<input type="checkbox"/> \$275.00		<input type="checkbox"/> \$200.00		<input type="checkbox"/> \$475.00
Other countries	<input type="checkbox"/> \$290.00		<input type="checkbox"/> \$215.00		<input type="checkbox"/> \$505.00

Price includes all shipping/handling charges.

Accepted methods of payment: 1) check or 2) PayPal.

1) Checks should be made payable to ST2AR and mailed to:

**ST2AR, Inc.
9360 West Flamingo Rd.
Suite 110-400
Las Vegas, NV 89147**

2) Payments via PayPal can be made online at: www.ST2AR.org

PARTICIPANT WAIVER

	INITIALS	DATE
19. I understand that I am under no obligation to complete or to return an "Answer Sheet" to ST ² AR, Inc.		
20. If I elect to complete and return the "Answer Sheet" to ST ² AR, Inc. I understand that my recorded answers will be scored against true known answers and that I will be informed by ST ² AR, Inc. of my results. Furthermore, if I elect to complete and return the "Answer Sheet" to ST ² AR, Inc. I understand that ST ² AR, 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 (Questions 1-8). <i>*Note: ST²AR, Inc. will <u>not</u> publish, present and/or release any personal information (information obtained above in questions 1-8) regarding any participant without obtaining prior written consent unless required to do so by law.</i>		
21. In the event I elect to complete and return an "Answer Sheet" to ST ² AR, Inc. I affirm that all analysis will be conducted independently or with a peer reviewer (see Block 22 below) and all recorded answers will solely reflect my individual or peer reviewed work product. <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>		
22. I will be participating: <input type="checkbox"/> Independently <input type="checkbox"/> As a peer reviewer for <input type="checkbox"/> With a peer reviewer* *The peer reviewer must be a registered participant. Please note that there is no charge for an individual to participate as a peer reviewer.		
23. The above information is true to the best of my knowledge.		
_____ <i>Participant signature</i>	_____	_____



PRIVACY STATEMENT

ST2AR is committed to protecting your privacy.

Uses of Information:

- 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.

INITIALS

DATE

24. I have read and understand the Privacy Statement provided above.

Please mail the completed **Registration Form** to ST2AR, Inc. at:

**ST2AR, Inc.
9360 West Flamingo Rd.
Suite 110-400
Las Vegas, NV 89147**