Virginia Indigent Defense Commission
Training Registration Form

1. Name: _____
   First Middle Last
2. Virginia State Bar Number: _____
3. Email Address: _____Phone # _____
4. Has your contact information changed since your initial certification application or latest renewal? □ Yes □ No
5. If Yes to 4, enter the new contact information.

   Work Address: Firm Name: _____
   PO Box: _____
   Street: _____
   City: _____
   State: _____ Zip: _____
   Work Phone Number: _____
   Work Email Address: _____
   Work Fax Number: _____

5. I will attend:

   □ **Late Day Lecture** scheduled for _____, 200___ at _____.
   Date Location

   □ **Indigent Defense Certification Training** scheduled for _____, 200___
   Date
   at _____.
   Location

   □ **Trial Advocacy Workshop** scheduled for _____, 200___ at _____
   Date
   _____.
   Location

   □ **Other Training** entitled _____ scheduled for _____,
   Date
   200___ at _____.
   Location

   I understand that if I am unable to attend the class for any reason, I will notify the Virginia Indigent Defense Commission as soon as is reasonably possible.

Signature:_____ Date:_____

Return completed application to:
Attorney Certification
Virginia Indigent Defense Commission
1604 Santa Rosa Rd., Suite 109
Richmond, VA 23229
Phone: (804) 662-7249 extension 10
Fax: (804) 662-7452
www.indigentdefense.virginia.gov