



**Instructor Development Workshop (*MGT 323*)**

**December 17-19, 2019**

**8:00 am-5:00 pm**

**ILEAS Training Center, Urbana**

---

**Last name**

**First name**

**Title/Rank**

---

**Agency**

---

**Agency Phone**

---

**Email**

---

**Participant's Signature/Date**

**Supervisor's Signature/Date (if required)**

**Complete and return to Michele Watson [mwatson@ileas.org](mailto:mwatson@ileas.org) / 217-328-3845 (F)**

Participants are required to obtain a FEMA Student ID (SID) number  
– go to <https://cdp.dhs.gov/FEMASID> to complete this simple process.