



**NGAUS**  
The National Guard Association of the United States

## Officer Professional Development Participant Contact Information Sheet

Name: \_\_\_\_\_

Last

First

MI

State: \_\_\_\_\_

Trip Date: \_\_\_\_\_ 6-8 August \_\_\_\_\_ 13-15 August

Rank (Check One): \_\_\_\_\_ WO1 \_\_\_\_\_ CW2 \_\_\_\_\_ 2LT \_\_\_\_\_ 1LT \_\_\_\_\_ CPT

Unit of Assignment: \_\_\_\_\_

Current Duty Status (Check One): \_\_\_\_\_ M-Day \_\_\_\_\_ AGR \_\_\_\_\_ Technician

Phone Number: \_\_\_\_\_

NGAUS MEMBER: \_\_\_\_\_ YES \_\_\_\_\_ NO

(Required for Attendance)

Civilian Email Address: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Name: \_\_\_\_\_

Last

First

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_