APAC Registration

Duty Information

Last Name: _____

First Name: _____

Status:
- (•) Military
- ( ) DoD Civilian
- ( ) Contractor

Duty Address: _____

City: _____

State: _____ ZIP CODE: _____

Duty Position: _____

Email Address: _____

Duty Phone Number: _____

[ ] I acknowledge that I must have a physical or digitally completed DD Form 2875 that is required on the first day of class.

Course to Attend

Course Name / Class #: _____

Date of Course: _____

Reason for Attending (and/or) Expectations: _____

- Save the form as "LAST - APAC XX-YY Registration"
  - LAST is the last name of the student registering
  - XX is the class number they are registering for
  - YY is the two digit year of the class they are registering for
- Once complete, email to:

usarmy.leonardwood.mp-schl.mbx.alerts@mail.mil