

**PROFESSIONAL ENTRY TEST TRAINING
REGISTRATION FORM**

**September 21, 2004
State Library Seminar Center
710 North 4th Street
Baton Rouge, LA 70802**

Please Print:

NAME: _____

OFFICE: _____ **TELEPHONE #:** _____

Signatures:

EMPLOYEE: _____ **DATE:** _____

SUPERVISOR: _____ **DATE:** _____

**Return to:
Department of Culture, Recreation and Tourism
Human Resources Office
P.O. Box 94361
Baton Rouge, LA 70804-9361
Fax: (225) 342-7928**