

TRANSITION GPS WORKSHOP REGISTRATION FORM – KODIAK UNITS

Rank & Name: _____

Unit: _____ Years in Service: _____

Married: ___ YES ___ NO

Spouse attending: _____ Full Week _____ Benefits _____ None

Spouse Name if attending: _____

Select One:

RETIREMENT: ___ Voluntary ___ Involuntary ___ In advance for information

Retirement Date: _____ Orders Received: ___ Yes ___ No

SEPERATION/DISCHARGE/EOE:

___ Voluntary ___ Involuntary ___ In advance for information

Pending Separation/Discharge Date: _____

Orders Received: ___ Yes ___ No

Member request enrollment in Transition GPS Class: (Select from dates & locations below)
KODIAK, ALASKA

_____ December 5-9, 2016

_____ March 20-24, 2017

_____ August 14-18, 2017

_____ December 4-8, 2017

Scan completed form and e-mail to: Debbie.J.Bower@uscg.mil

Questions please contact me directly at 907-487-5341
