

# Ted Stevens Center

## Registration Form Guide

**Page 1:** Please fill out all required fields (marked with \*) and the following non-required fields as well:

- **Personal Email**
- **“Organization that you work for”**
- **Military Status and all applicable fields**

**Travel Information:** For a virtual event, select **Other** for mode of travel and write **Virtual**. Passport/National ID is **not** required.

|                                |                      |
|--------------------------------|----------------------|
| <b>Travel Information</b>      |                      |
| Mode of Travel:*               | Other ▼              |
| City of Departure/Return:*     | Virtual              |
| Passport/Identification Type:* | Passport Not Requi ▼ |

**Date of Birth:** Please note that Date of Birth is required but it is only used to identify individuals with the same name in the RCPAMS system. City and Country of Birth is not required.

**Submission Errors:** If you receive an error message after submission, please reopen the form and **ensure that all required fields (marked with \*) are filled out before re-submitting.**

*Example error message*

**Server Error in '/DSCARC' Application.**

*Input string was not in a correct format.*

**Description:** An unhandled exception occurred during the execution of the current web request.

**Exception Details:** System.FormatException: Input string was not in a correct format.

**Page 2:** Please only provide contact phone numbers, sex, and current work information. Additional information like addresses, biometrics, and education are not required.

*Please fill out all highlighted fields on Page 2*

|                        |                |                    |                |
|------------------------|----------------|--------------------|----------------|
| Business Phone Number: | 1(907)222-2222 | Cell Phone Number: | 1(907)111-1111 |
|------------------------|----------------|--------------------|----------------|

  

|                       |             |
|-----------------------|-------------|
| <b>Identification</b> |             |
| Sex:                  | Female ▼    |
| Eye Color:            | Eye Color ▼ |
| Height (in cm):       |             |
| Hair Color:           | Hair Color  |
| Weight (in kg):       |             |

  

|                          |                      |
|--------------------------|----------------------|
| <b>Current Work</b>      |                      |
| Current Position:        | Registrar            |
| Work Department:         | Ted Stevens Center   |
| Supervisor's Name:       | Jane Doe             |
| Supervisor's Email:      | jdoe@tsc.gov         |
| Work Status:             | Civilian Governmen ▼ |
| Preferred Work Language: | Albanian ▼           |

**Page 3:** Please fill out all Event Specific Questions on the final page of the form. Please limit all responses to 2-3 sentences.

**Question or Concerns?**

Contact us at [TSCRegistrar@groups.af.mil](mailto:TSCRegistrar@groups.af.mil)

