

LAW ENFORCEMENT TRAINING CONSULTANTS

COURSE REGISTRATION FORM

Program Name _____

Program Date _____ Location _____

Attendees:

Rank _____ Name _____

Rank _____ Name _____

Rank _____ Name _____

Police Department _____

Address _____

City _____ State _____ Zip _____

Training Unit Contact:

Name _____

Phone _____ Fax _____

E-Mail Address _____

(Confirmation and other information will be sent to this e-mail address)

Registration Procedure

Enter rank and name as they should appear on certificates

If registering more than three people please use second form

Fax completed registration form to 856-489-4664 (if busy use 856-661-4720)

You will receive an e-mail or phone confirmation within 24 hours.

If the class is full you will receive notice by telephone

An invoice will be mailed to the attention of the Training Unit contact listed