OFFICE USE ONLY

F.O.R.C.E. Course (First Official Response in a Critical Environment)

REGISTRATION FORM

PRINT CLEARLY / FILL OUT COMPETELY	FAX COMPLETED REGISTRATION TO: 630-365-1361			
LAST NAME	MI	FIRST NAME_		
POSITION/RANK	HEIGHT	WEIGHT	AGE	GENDER
DEPARTMENT/AGENCY		DIVISION/UN	ит	
DEPT MAILING ADDRESS	CITY_		STATE	ZIP
WORK PHONE ()		WORK FAX ()	
WORK E-MAIL E-MAIL ADDRESS IS REQUIRED		MOBILE PHONE ()	
DEPARTMENTAL TRAINING COORDINATOR / ALTERNATE	CONTACT			
HOME ADDRESS	CITY		STATE	ZIP
IOME PHONE () PERSONAL E-MAIL				
ALL CERTIFICATES WILL BE SENT ELECTRONICALLY TO WORK E-MAIL ADDRESS UNLESS OTHERWISE SPECIFIED				
ENTER THE LOCATION / STATE / DATE OF THE COURSE YOU WILL ATTEND:				
LOCATION		STATE	DATE	
Course Cost				
☐ INDIVIDUAL: \$725 per Person				
☐ TEAM: \$2175 per 4-Man Team (<i>Must submit registration form for each team member</i>)				
ENTER TUITION ASSISTANCE REFERENCE # OR SAVINGS CODE:				
SELECT PAYMENT METHOD:	Your de	epartment will be invoiced	d upon receipt of	registration form
 PURCHASE ORDER: P.O. Number (if available) CHECK: Make Payable To Controlled F.O.R.C.E. 609 Thryselius Dr. (Unit B) Elburn, IL 60119 				
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CREDIT CARD: VISA MC [CC# CREDIT CARD PAYMENTS WILL INCUR A 3% CON			EXP	/1

THIS IS A HIGHLY PHYSICAL TRAINING SEMINAR; NO REFUNDS IF UNABLE TO COMPLETE CLASS

Space can only be reserved upon receipt of registration. Certificates will only be issued when full payment is received.

Registrants who withdraw <u>at least</u> fifteen (15) business days before the first day of class will receive a full refund. Registrants who withdraw <u>less</u> than fifteen (15) business days before the first day of class will receive a refund minus \$250 per course per officer. In any case of withdraw on the first day of class or no show, Controlled F.O.R.C.E. can provide a full credit to our next scheduled class. No refunds will be issued.