

**CONTROLLED F.O.R.C.E.<sup>®</sup> LEVEL 3****REGISTRATION FORM**

PRINT CLEARLY / FILL OUT COMPLETELY

**FAX COMPLETED REGISTRATION TO: 630-365-1361**

LAST NAME \_\_\_\_\_ MI \_\_\_\_\_ FIRST NAME \_\_\_\_\_

POSITION/RANK \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

DEPARTMENT/AGENCY \_\_\_\_\_ DIVISION/UNIT \_\_\_\_\_

DEPT MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ WORK FAX ( \_\_\_\_\_ ) \_\_\_\_\_

WORK E-MAIL \_\_\_\_\_ MOBILE PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

**E-MAIL ADDRESS IS REQUIRED**

DEPARTMENTAL TRAINING COORDINATOR / ALTERNATE CONTACT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME 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**SELECT CERTIFICATION OPTION:**

- LEVEL 3 DEPARTMENTAL INSTRUCTOR CERTIFICATION -- \$870** [ Includes Level 1 & 2 Instructor Re-Certification ]
- LEVEL 1-2-3 INSTRUCTOR RE-CERTIFICATION -- \$670** [ Must pay full instructor cost if last certified more that 24 months ago ]

Level 1 Certification ID \_\_\_\_\_ Date of Last Certification \_\_\_\_\_

Level 2 Certification ID \_\_\_\_\_ Date of Last Certification \_\_\_\_\_

Level 3 Certification ID \_\_\_\_\_ Date of Last Certification \_\_\_\_\_

**ENROLLMENT REQUIREMENT:** MUST HAVE BEEN CERTIFIED OR RE-CERTIFIED IN CONTROLLED F.O.R.C.E. LEVELS 1 & 2 WITHIN LAST 30 MONTHS.  
If more than 30 Months have elapsed since the date of last certification, must attend full Level 1 & 2 Instructor Certification class before attending Level 3 Training.

ENTER TUITION ASSISTANCE REFERENCE # OR SAVINGS CODE: \_\_\_\_\_

**SELECT PAYMENT METHOD:***Your department will be invoiced upon receipt of registration form*

- PURCHASE ORDER:** P.O. Number (if available) \_\_\_\_\_
- CHECK:** Make Payable To Controlled F.O.R.C.E. 335 N. River St. Suite 200 Batavia IL 60510

**ALTERNATE PAYMENT METHOD:**

- CREDIT CARD:** VISA MC [CC# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ ]

CREDIT CARD PAYMENTS WILL INCUR A 3% CONVENIENCE FEE

**THIS IS AN INTENSLY 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 at least fifteen (15) business days before the first day of class will receive a full refund. Registrants who withdraw less than fifteen (15) business days before the first day of class a refund will be issued 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.

**Questions? Call 630-365-1700**