

**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.

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

- PURCHASE ORDER:** P.O. Number (if available) \_\_\_\_\_
- CREDIT CARD PAYMENT:** VISA MC [ CC# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP \_\_\_\_\_ / \_\_\_\_\_ ]  
NOTE: CREDIT CARD PAYMENTS WILL INCUR A 3% SERVICE FEE [We will contact you for the CC Security Code](#)
- CHECK PAYMENT:** **Make Payable To** Controlled F.O.R.C.E. 609 Thryselius Dr. (Unit B) Elburn, IL 60119

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

**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 will receive a refund minus \$50 per course per officer. Registrants who do not withdraw before the first day of class, and who fail to show for class, will receive a refund minus \$100 per course per officer. In any case of withdraw or no show, Controlled F.O.R.C.E. can provide a full credit to another officer or to our next scheduled class in lieu of a refund.