OFFICE USE ONLY		E.C.L.

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

REGISTRATION FORM

PRINT CLEARLY / FILL OUT COMPETELY	FAX COM	PLETED REGIST	RATION TO	<u>: 630-365-1361</u>			
LAST NAME	MI	FIRST NAME					
POSITION/RANK	HEIGHT	WEIGHT	AGE	GENDER			
DEPARTMENT/AGENCY		DIVISION/UNI	Т				
DEPT MAILING ADDRESS	CITY_		STATE	ZIP			
WORK PHONE ()		WORK FAX ())				
WORK E-MAILE-MAIL ADDRESS IS REQUIRED		_ MOBILE PHONE ()	-			
DEPARTMENTAL TRAINING COORDINATOR / ALTERNATE							
HOME ADDRESS	CITY		STATE	ZIP			
HOME PHONE ()	PEF	RSONAL 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	n						
☐ TEAM: \$2175 per 4-Man Tean	n (<i>Must submit</i> :	registration form for ea	ach team memb	er)			
ENTER TUITION ASSISTANCE REFERENCE # OR S	SAVINGS CODE	:					
SELECT PAYMENT METHOD:	Your de	partment will be invoiced	upon receipt of r	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							
ALTERNATE PAYMENT METHOD: CREDIT CARD: VISA MC [CC#			EXP				

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.