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	<i>:</i> 630-365-1361			
LAST NAME	MI	FIRST NAME					
POSITION/RANK	HEIGHT	WEIGHT	AGE	GENDER			
DEPARTMENT/AGENCY		DIVISION/UNI	г				
DEPT MAILING ADDRESS	CITY		STATE	ZIP			
WORK PHONE ()_		_ WORK FAX ()				
WORK E-MAIL E-MAIL ADDRESS IS REQUIRED DEPARTMENTAL TRAINING COORDINATOR / ALTERNATE							
HOME ADDRESS	CITY		STATE	ZIP			
HOME PHONE ()	PER	SONAL E-MAIL					
ALL CERTIFICATES WILL BE SENT ELECTRO	NICALLY TO WO	RK E-MAIL ADDRESS	UNLESS OTHER	WISE SPECIFIED			
ENTER THE LOCATION / STATE / DATE		SE YOU WILL ATTEN	ND:				
			DAIL				
Course Cost							
☐ INDIVIDUAL: \$725 per Perso	n						
☐ TEAM: \$2175 per 4-Man Team (Must submit registration form for each team member)							
SELECT PAYMENT OPTION:	Your de	partment will be invoiced	upon receipt of r	egistration form			
☐ PURCHASE ORDER: P.O. Number (if available	;)						
□ PURCHASE ORDER: P.O. Number (if available □ CREDIT CARD PAYMENT: VISA MC [CC#_							
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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 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