

INTERNET REGISTRATION FORM

TJA USE OF FORCE TRAINING, INC.

INSTRUCTOR COURSE

STATE Initials /Last 4 of your SS# _____

This will be your Instructor Certification Number

HOME ADDRESS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Home Phone (____) _____ E-Mail _____

AGENCY ADDRESS

DEPARTMENT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Department Phone (____) _____ Fax (____) _____

COURSE INFORMATION - 1 Form per Course

[Be Specific]

INSTRUCTOR COURSE _____

LOCATION _____

STUDENT SIGNATURE _____

DATE(S) OF COURSE _____

-----METHOD OF PAYMENT-----

Prns1 CK__MO__Dept CK in Hand__Dept Ck Mail__PO in Hand__PO Mail__CRD CD__

MC/VISA# _____ EXP DATE _____

YOU CAN FAX THIS FORM TO (239)-458-8272