

Course Registration Form

Please print, fill in the appropriate data, then scan and return by e-mail to: marilyn@Mil-SWAT-Tactical.com. Once your Registration is received, we will e-mail you confirmation and provide the course location in Byron.

COURSE NAME: Supervisors/Commanders/First Responder Supervisors
Response to Multiple Incidents or Terrorist Actions

HOST AGENCY: Byron Police Department, Byron, GA

DATE: April 9, 2012 TIME: 0800-1700

FIRST NAME: _____ LAST NAME: _____

RANK: _____

AGENCY: _____

DEPARTMENT PHONE: (____) - _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STUDENTS DESK/DIVISION PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____

Credentials:

Copy of current department ID required for all students at door.

I have enclosed a Check or Purchase Order in the amount of \$100.00 which represents payment in full for training program. **Completed Registration form should be scanned and e-mailed to marilyn@Mil-SWAT-Tactical.com.**

Make checks payable to:

Steve Mattoon
Phone: 307-253-6862
PO Box 4334, Casper, WY 82604

APPROVING BY SIGNATURE: _____

TODAY'S DATE: _____

For additional information:

Call Marilyn at 307-363-0075 / 360-970-3001 or marilyn@Mil-SWAT-Tactical.com.

FIRST NAME: _____ LAST NAME: _____

RANK: _____

STUDENTS PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____

FIRST NAME: _____ LAST NAME: _____

RANK: _____

STUDENTS PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____

FIRST NAME: _____ LAST NAME: _____

RANK: _____

STUDENTS PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____

FIRST NAME: _____ LAST NAME: _____

RANK: _____

STUDENTS PHONE NUMBER: (____) - _____

STUDENTS CELL NUMBER: (____) - _____

E-MAIL ADDRESS: _____