



SUPERVISION DURING A USE OF FORCE EVENT REGISTRATION FORM

Name _____ Rank _____

Agency _____

Address/State/Zip _____

Phone (____)____-____ Cell (____)____-____ Fax (____)____-____

Email _____

Class Name _____

Class Location _____

Class Dates _____

20 Hour Course Cost: \$450.00 (cost includes overnight accommodations on site)

Shirt Size: M L XL 2XL 3XL

TRF1-10.3
12/06/19
Rev 001

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850)838-8424 (fax) Danielle.Cotton@pacem-solutions.com (email)

All information is required. A registration must be filled out for each individual registrant. Registration must be received 5 weeks prior to the first day of class. A purchase order, if applicable, should accompany this registration form.

FOR OFFICIAL USE ONLY

Date Received _____ Date Entered _____ Entered by _____ Sales Order # _____

4700 PROVIDENCE ROAD

PERRY, FL 32347