

Armiger Police Training Institute

Class Registration Form

First Name _____

Last Name _____

Title _____

Agency or organization _____

Billing Address _____

City _____ State/Province _____

Zip/Postal code _____ Country _____

Work Phone _____ Ext. _____

FAX _____ E-mail _____

Course Name _____

Course Date _____ Location _____

Check method of payment below:

Cash

Check

Visa

Mastercard

Discover

American Express

Credit Card Number

Expiry Date

Cardholder Name

3 Digit Security Code

All registrations must be FAXed to us at 410-875-3583.