

Freeman Phillips Law Enforcement Training
REGISTRATION FORM

Course Title: _____

Date of course: _____

Location: _____

Registration Fee: Check the course announcement and enclose the proper fee

REGISTRATION INFORMATION: Please print all information legibly

Agency Name: _____

Agency Address: _____

Agency Contact: _____ Date: _____

Telephone: _____ FAX: _____

The following individual(s) from my agency are being registered to attend the above referenced training:

NAME	RANK/POSITION	EMAIL ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment: **MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
FREEMAN PHILLIPS, LLC.**

Payment Must Accompany This Registration Form

MAIL OR FAX TO: Police and Correctional Training Commissions
Attention: Terry Satterfield, Administrator
6852 4th Street
Sykesville, MD 21784
Telephone: (410) 875-3574 FAX: (410) 875-3584