



Spearhead Global Security, Inc.

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COURSE REGISTRATION FORM

COURSE INFORMATION

Course Titles: (Check All That Apply): *(Due to logistical requirements, all registration payments must be received no later than 14 days prior to the course start date. **Note: No refunds will be issued**)*

- | | |
|--|---|
| <input type="checkbox"/> Active Shooter (12 CE Hours) - \$250 | <input type="checkbox"/> Interview Techniques (6 CE Hours) - \$135 |
| <input type="checkbox"/> Debriefing a Witness (12 CE Hours) - \$250 | <input type="checkbox"/> Courtroom Testimony (6 CE Hours) - \$135 |
| <input type="checkbox"/> Introduction to Surveillance (8 CE Hours) - \$150 | <input type="checkbox"/> Critical Thinking (6 CE Hours) - \$135 |
| <input type="checkbox"/> Elicitation of Information (7 CE Hours) - \$150 | <input type="checkbox"/> Projecting a Positive Image (5 CE Hours) - \$125 |

Training Date(s):	Training Location City:
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PERSONAL INFORMATION (Print Legibly)

Name:		License Type:
Address:		License #:
City:	State:	Zip Code:
Company:		
Home Phone: ()	Cell Phone: ()	Work Phone: ()

E-Mail Address *(Required for Confirmation)*:

Method of Payment: *(Credit Card payments are charged a 3.55 % processing fee)*

- Master Card
 Visa
 Discover
 Personal Check
 Business Check
 Money Order

Card #: _____ Exp. Date: _____ CVC Code: _____

Name As It Appears On Card:	Total Charge:
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Billing Address *(If different from above)*:

By signing this form you agree to the terms above, acknowledge all listed information is true and accurate and you are authorizing Spearhead Global Security, Inc. to charge your credit card (if listed) in the amount listed above.

Signature:	Date:
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