



LEO Training and Consulting Group, LLC

7111 Dixie Highway, Suite #226
Clarkston, MI 48346-2077
Phone: (248) 249-3713
Email: ToddHill@LEOTaCGroup.com
www.LEOTaCGroup.com



Registration Form Managing Police Training: *Designing Training Programs Based on Agency Needs*

Dates: Thursday December 1 & Friday December 2, 2022

Times: 0800-1600

Location: Lansing Police Department – Training Room, 5815 Wise Road, Lansing, MI 48911

STUDENT REGISTRATION INFORMATION

Student Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Agency: _____

Agency Address: _____

Cost: \$375.00 (Lunch provided)

Online Credit Card/PayPal go to <https://leotacgroup.com/training-development>

Check by Mail Credit Card Below (If not paying online)

Credit Card Information: MasterCard Visa American Express Discover

Card Number: _____

Expiration (Mth/Yr): ____/____ Security Code: ____ Billing Zip: _____

Total Number of Students Registering: _____ Total Amount: \$ _____

Signature _____ Date _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

MCOLES: This training has been registered with MCOLES for the use of PA 302 Law Enforcement Distribution funds.

Email registration forms to ToddHill@LEOTaCGroup.com

Register students at least 21 days prior to training.



LEO Training and Consulting Group, LLC

7111 Dixie Highway, Suite #226
Clarkston, MI 48346-2077
Phone: (248) 249-3713
Email: ToddHill@LEOTaCGroup.com
www.LEOTaCGroup.com



COMMAND/TRAINING COORDINATOR INFORMATION

Command/Training POC Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

ADDITIONAL STUDENT REGISTRATIONS:

Student #2 Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Student #3 Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Student #4 Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Student #5 Name: _____

Rank: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Email registration forms to ToddHill@LEOTaCGroup.com
Register students at least 21 days prior to training.