



# LEO Training and Consulting Group, LLC

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



## Registration Form

### Officer Wellness: Implementing & Operating CISM & Peer Support Programs

**Dates:** Thursday November 3 & Friday November 4, 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 per person (Lunch provided)

Online Credit Card/PayPal go to <https://leotacgroup.com/officer-wellness>

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](mailto:ToddHill@LEOTaCGroup.com)

Register students at least 21 days prior to training.



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### **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: \_\_\_\_\_

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