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
LEADERSHIP FOR POLICE SUPERVISORS

Dates: Monday May 6 – Wednesday May 8, 2024   **Times**: 0800-1600

Location: Delta College, 1961 Delta Road, University Center, MI 48710

STUDENT REGISTRATION INFORMATION

Student Name:

Rank:

Work Phone:_____Cell Phone:_____

Email:

Agency:

Agency Address:

Cost: ☐ $495.00 (Lunch provided) $450.00 (Delta Consortium – Lunch provided)

☐ Online Credit Card/PayPal go to https://leotacgroup.com/police-leadership

☐ 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.

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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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