



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

Officer Wellness: Implementing & Operating CISM & Peer Support Programs

Dates: Monday October 7 – Tuesday October 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: \$395 per person (Lunch provided) \$350.00 (Delta Consortium & Lunch Provided)

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

Check by Mail/Invoiced 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.

MCOLLES: This training has been registered with MCOLLES 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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