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:Monday September 23 & Tuesday September 24, 2024Times: 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 : 🗆 \$375.00 (Lunch provided) \$325.00 (Delta Consortium & Lunch provided)			
□ Online Credit Card/PayPal go to <u>https://leotacgroup.com/training-development</u>			
□ 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 <u>ToddHill@LEOTaCGroup.com</u> 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 REG	ISTRATIONS:	
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:		
	Cell Phone:	
Email:		

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