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: UPDATED Monday October 28 – Wednesday October 30, 2024 Times: 0800-1600

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

STUDENT REGISTRATION INFORMATION

Student Name:	
Rank:	-
Work Phone:C	ell Phone:
Email:	
Agency:	
Agency Address:	
<u>Cost</u> : \$595.00 (Lunch provided)	
\Box Online Credit Card/PayPal go to <u>htt</u>	ps://leotacgroup.com/police-leadership
\Box Check by Mail/Invoiced \Box Credit Ca	ard Below (If not paying online)
<u>Credit Card Information</u> : MasterCard	Visa 🗆 American Express 🗆 Discover
Card Number:	
Expiration (Mth/Yr): Sec	curity 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 Nar	ne:	
Rank:		
Work Phone:	Cell Phone:	
Email:		
ADDITIONAL STUDENT REGI	STRATIONS:	
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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