



Attendee Registration Form

SUPERVISOR & LEADERSHIP 9-1-1 COMMUNICATIONS TRAINING

Hosted by: **Bentonville Emergency Communications Center**

Training Address: **Bentonville Police Department
908 SW 14th Street
Bentonville, AR 72712**



Agency Attending: _____ Agency Contact Phone #: _____

Agency Approval/Billing Contact Name: _____ Title: _____

Agency Billing Address: _____

City, State _____ ZipCode _____

Agency Contact Email: _____

TUITION \$ 345 (per student)
FOUR STUDENTS \$1250

Attendee Headcount: _____ Billing Amount: \$ _____

PAYMENT PROCESSING: (Circle one)

Check PO# Credit Card (Do not write in CC #)

Weds, Sep 11 8:00a – 4:30p Supervisor Workshop
Thurs, Sep 12 8:00a – 4:30p Advanced Supervisors Workshop

Attendee Name: _____ Title: _____ Email: _____

Attendee Name: _____ Title: _____ Email: _____

Attendee Name: _____ Title: _____ Email: _____

Attendee Name: _____ Title: _____ Email: _____

Attendee Name: _____ Title: _____ Email: _____

Attendee Name: _____ Title: _____ Email: _____