



## Training Registration

**Animal Control & Care  
Academy**

**7559 Gardenside Drive  
Dayton, OH 45414  
Phone: 937-825-6709**

**mkumpf@accacademy.net  
[www.accacademy.net](http://www.accacademy.net)**

### Attendee Information

**Name:** \_\_\_\_\_

**Name (2):** \_\_\_\_\_

**Name (3):** \_\_\_\_\_

**Name (4):** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Agency Phone:** \_\_\_\_\_

**Agency Fax:** \_\_\_\_\_

**Your email:** \_\_\_\_\_

Registration Fees: \$450.00 for Advanced Animal Management or \$700.00 for both Animal Management and Basic Animal First Aid, if you register before 9/29/26. For registrations received after 9/29/26, please add \$50 per attendee in late fees. You may pay for this training program either with an Agency Check, Personal Check, Purchase Order or Credit Card. Credit Card payments are processed via PayPal (Visa, MasterCard, AMEX, Discover). To pay via Credit Card, please e-mail or fax your registration form and check "credit card" on this form. You will then be sent a PayPal invoice via e-mail.

Mail this registration form and payment to:

**Animal Control & Care Academy, 7559 Gardenside Drive, Dayton, Ohio 45414**

If you submit this form via e-mail, please confirm that the form was sent by checking the "sent folder" in your e-mail application (your security settings may or may not allow this form to be sent via e-mail).

**Questions? Contact ACCA at 937-825-6709 or via e-mail at: [mkumpf@accacademy.net](mailto:mkumpf@accacademy.net)  
ACCA Federal Tax I.D. #92-3481652**

Upon registration, you will receive a confirmation letter via e-mail.

**Class location:** Montgomery County Animal Control, 437 Jordan Rd Clarksville, TN.  
Need directions? Please call Dave Kaske at 931-648-5750.

**Advanced Animal Management Certification  
8 AM to 5 PM  
October 5-7, 2026  
Clarksville, Tennessee**

### Registration Fees

**Course Fee: \$450.00**

**or \$700.00 for full week**

**x Number of Attend**

**+ Late Fee(s)**

**Total Due**

**Payments must be received by 9/29/26**

### PAYMENT METHOD

**Check payable to ACCA**

**Credit Card (see below)**

**Purchase Order (attached)**