



**TACTICAL MEDICINE/ACTIVE SHOOTER
COURSE REGISTRATION**

Requesting Agency: _____ Date: _____

Person or Agency to be invoiced for course tuition: _____

Phone: _____ Email: _____

Course Date(s): _____

Agency Address: _____

Students attending: Please include students full name, and information requested below.

	<u>Name</u>	<u>POST ID or last 4 of SSN</u>	<u>Email Address</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

*******Payment and Cancellation Policy*******

Payment by credit card is due on receipt of invoice, and no later than three days prior to the day of class. The cancellation policy requires two (2) weeks' notice prior to the class date. No-shows and cancellations with less than two-week's notice will be charged the full tuition fee if no replacement student is identified. Any tuition refund will be processed within two (2) weeks. Note: A class may be cancelled at any time if the minimum class enrollment of thirty (30) students is not met. Your Agency will be notified of any changes.

(All cancellations are required to be submitted via email)

For TacMed Services use only:

Confirmed by: _____ Date: _____

Please complete the top portion of this form and email as an attachment to:
tacmedservices@gmail.com

Registration is not confirmed or cancelled until you receive notification.

For questions or course information contact:
Sal Cortez - (916) 817-9944
www.tacmedservices.com