



## Training Registration Form

### Course Information

**Course Name**

**Course Date(s)**

**Course Location**

**Course Cost**

### Participate Information

**Name (Rank, Name)**

**Email Address**

**Agency Name**

**Agency Phone Number**

**Agency Mailing Address**

**I am a fulltime sworn law enforcement officer.**  **Yes**  **No**

### Billing Information

**Payment Method**  **Credit Card**  **Check**  **Other**

**Email Address For Payable Invoice:**

**Billing Address**

Checks can be made payable to and mailed to:

Rings of Protection, Inc.  
PO Box 901 Ellsworth, ME 04605

*Payment is due prior to the registration being finalized.*

By completing registration for this training course, the participant agrees that the field of emergency response is inherently dangerous, and the individual officer is responsible for their actions and decisions and following their agency's standard operation procedures and policies and complying with their State's laws and Academy Standards.

Submit completed registration forms or questions to [contact@ringsofprotection.com](mailto:contact@ringsofprotection.com)