



## 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)