



FAX/MAIL COURSE REGISTRATION FORM

(Complete one form per Student)

Student Name:	
Student Email Address:	
Agency Name:	
Street Address:	
City/State/Zipcode:	
Phone number:	Fax number:

I would like to register for following course(s): (Check (✓) course name & write-in session start date)

- | | | |
|--|----------------------|----------|
| <input type="checkbox"/> Active Assailant | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Basic Telecommunicator | Class Session: _____ | \$425.00 |
| <input type="checkbox"/> Bring it On! | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Building for Excellence | Class Session: _____ | \$409.00 |
| <input type="checkbox"/> Challenging Callers | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Communications Center Liability | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Communications Training Officer | Class Session: _____ | \$409.00 |
| <input type="checkbox"/> Crimes in Progress | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Cultural Diveristy | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Customer Service | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Domestic Violence | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Hiring Right for 9-1-1 | Class Session: _____ | \$400.00 |
| <input type="checkbox"/> Stress: It's All in Your Head | Class Session: _____ | \$239.00 |
| <input type="checkbox"/> Suicide Intervention | Class Session: _____ | \$239.00 |

PAYMENT INFORMATION:

Purchase Order#: _____ Check Enclosed (U.S. Funds only)

Credit Card: Visa MasterCard Discover

Name on Card: _____

Card Number: _____

Security Code: _____ (last 3 digits on back of card) Expiration Date: _____

Authorized Signature: _____

Email receipt to: Name & email address: _____

MAIL OR FAX YOUR REGISTRATION FORM TO:
Profile Evaluations, Inc. 100 Point O Woods Drive, Daytona Beach, FL 32114
FAX: 386-239-3513