



REDMAN TRAINING

PRE-REGISTRATION
FORM



NAME OF TRAINING	REALITY TRAINING SERIES (RTS-1) – MOUNT DORA, FL
DATE OF TRAINING	MARCH 26-28, 2007
COST OF TRAINING	\$395.00

DOJO CONTACT INFORMATION	AGENCY								
	(AGENCY) TITLE		FIRST NAME		LAST NAME				
	ADDRESS			PO BOX	CITY	STATE POSTAL CODE			
	PHONE NUMBER			FAX NUMBER		E-MAIL ADDRESS			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">AUTHORIZING SIGNATURE</td> <td style="width: 50%;"></td> <td style="width: 10%;">DATE</td> <td style="width: 20%;"></td> </tr> </table>						AUTHORIZING SIGNATURE		DATE
AUTHORIZING SIGNATURE		DATE							

STUDENT INFORMATION	1.	FIRST NAME	MIDDLE INITIAL	LAST NAME
	2.			
	3.			
	4.			
	5.			
	6.			

BILLING INFORMATION	<input type="checkbox"/> PAID WITH PERSONAL CHECK # _____	
	<input type="checkbox"/> PAID WITH AGENCY CHECK # _____	
	<input type="checkbox"/> BILL AGENCY — USE PO # _____	
	<input type="checkbox"/> BILL AGENCY — AGENCY WILL BE BILLED UPON COMPLETION OF TRAINING	
	<input type="checkbox"/> BILL TO WISCONSIN TRAINING AND STANDARDS (WISCONSIN OFFICERS ONLY) — VOUCHER <i>ENCLOSED</i>	
	<input type="checkbox"/> BILL TO MASTER CARD — ACCOUNT # _____	EXPIRATION DATE NEEDED ____/____/____
	<input type="checkbox"/> BILL TO VISA CARD — ACCOUNT # _____	EXPIRATION DATE NEEDED ____/____/____

***Mail, Email or Fax all
registrations to:
Attention:
Michelle Shepherd
shepherd@ntc.edu***

***Department of Public Safety
Northcentral Technical College
1000 W. Campus Drive
Wausau, WI 54401
Phone Number (888) NTC-7144, Ext 4632
Fax Number (715) 675-4917***

Date Received: _____