



REGISTRATION FORM

Please fax or e-mail the completed form to (614) 679-1499 Fax: (888) 881-6885 or tagpresident@me.com

Please complete one form for each student and forward it at least 30 days before the starting date of the course.

Name: _____ Occupation/Rank: _____
Dept./Agency: _____
Address: _____ City: _____ State: _____ Zip: _____
Agency Phone: _____ Agency Fax: _____

Course/ Reservation Information

Course Title: _____ Course Date(s): _____ Cost: \$ 425.00
E-mail confirmation to: _____

LATE PAYMENTS/REFUNDS:

No refunds unless course cancels substitutions allowed. PAY PAL: Tactical Awareness Group. Payments received less than 45 days prior to the class will result in a late payment fee of \$50.00. Students must attend the entire course and payment must be received in order for the student to receive his/her certificate

CREDIT CARD CHECK PAY PAL EFT

Billing Address (if different from Dept. address): _____

Name on Card: _____ Type of Card: _____
Card Number: _____ Card Expiration: _____
Purchase Order Number: _____ Billing Contact #: _____
*Authorized Signature: _____ Print Name: _____

*Required authorization for student to attend and guarantee payment

Agreement: The Tactical Awareness Group, Inc. shall provide instruction in the course under competent instructors and assumes no responsibility other than the opportunity to learn under supervision. The Tactical Awareness Group, Inc. is hereby relieved of liability. All courses are subject to cancellation. Enrollment in a course constitutes an acceptance of this agreement and the conditions stated.

Applicant's Signature: _____ Date: _____

Signature indicates approval for attendance and Agreement, as well as verification of applicant's affiliation with agency.

Remit payment to: Tactical Awareness Group, Inc.
P.O. Box 30184
Washington, D.C. 20030