

# 5-Day EXECUTIVE / VIP PROTECTION REGISTRATION FORM

Your Name		Your Title	
_____			
Agency/Company Name			
_____			
Mailing Address		(Area Code) Telephone Number	
_____			
City	State	Zip	email Address
_____			
_____			

5-Day Executive / VIP Protection (EP I & EP II)  
New York

### CANCELLATION POLICY:

No refund for cancellations 10 days prior to start of program.  
Meridian Law Enforcement & Security Training Center Federal Tax ID# 11-3301064  
Agency PO's accepted:

### PAYMENT MUST ACCOMPANY THIS FORM

\$750.00\* EP I

\$500.00\* EP II

\$1250.00 Early Registration\* Registration and program fee must be received 21-day prior to program start

I authorized Meridian Law Enforcement & Security Training Center to charge to the following described credit card:

**Visa**     **MasterCard**     **American Express**     **Discover**

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address for credit card: \_\_\_\_\_

I authorized \$ \_\_\_\_\_ to be charged to my credit card.

Signature: \_\_\_\_\_

If paying by credit card, you may fax your registration form to 800-277-6574

If paying by check, mail completed Registration Form to:

Meridian LESTC (718) 631.1911

POB 435

Bayside, NY 11361-043

**protectivetraining.net**