

# 2-Day PROTECTIVE SERVICES DEFENSIVE TACTICS REGISTRATION FORM

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

2-Day Protective Defensive Tactics – September 26 – 27, 2005  
Mohegan Sun CT.

**CANCELLATION POLICY:**  
Cancellations after August 24 will be charged a \$50 processing fee.  
No refund for cancellations after September 15, 2005.

## PAYMENT MUST ACCOMPANY THIS FORM

\$299.00 Program Fee

\$249.00 Law Enforcement (Active) Currently sworn Police Officers

\$249.00 Early Registration\* Registration and program fee must be received by August 24, 2005

I authorized Protective Services Group 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 516.504.1913

If paying by check, mail completed Registration Form to:

Meridian LESTC (516) 504.1911

P.O. Box 435

Bayside, NY 11361-0435

**protectivetraining.net**