

SST Professional Driver Seminar

REGISTRATION FORM

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

Professional Driver Seminar - June 20, 2005
Wagner College 6 p.m. – 9 p.m.

CANCELLATION POLICY:
Cancellations after June 1, 2005, will be charged a \$50 processing fee.
No refund for cancellations after June 15, 2005.
Meridian Law Enforcement & Security Training Center Federal Tax ID# 11-3301064
Agency PO's accepted:

PAYMENT MUST ACCOMPANY THIS FORM

\$129.00 Program Fee

\$99.00 Early Registration* Registration and program fee must be received by June 1, 2005

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 11361-0435

protectivetraining.net