

REGISTRATION FORM

CULTURAL DIVERSITY COMPETENCY & RACIAL PROFILING FOR PEACE OFFICERS

DEPARTMENT INFORMATION

POLICE/SHERIFF DEPARTMENT _____
 CONTACT PERSON _____ TITLE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE _____ FAX _____ E-MAIL _____

CLASS PARTICIPANTS

PARTICIPANTS		SELECT ONLY ONE CLASS SESSION PER PERSON									
NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
TELEPHONE _____		or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM
NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
TELEPHONE _____		or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM
NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
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NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
TELEPHONE _____		or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM

PAYMENT OPTIONS — \$ _____ PER PERSON

CHECK (ENCLOSE YOUR CHECK WITH THIS FORM) CHECK # (IF KNOWN) _____

PURCHASE ORDER # _____ (ATTACH THE SIGNED PURCHASE ORDER)

CREDIT CARD VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD # _____ EXPIRATION DATE _____ / _____ SECURITY CODE _____

COMPLETE BILLING ADDRESS _____
 (IF DIFFERENT FROM ABOVE)
 _____ ZIP CODE _____

CARDHOLDER SIGNATURE

Return this completed Registration Form to:

Name: _____ • Address: _____ • City/State/Zip: _____
 E-mail: _____ • Telephone: _____ • FAX: _____