



# LEO Training and Consulting Group, LLC

7111 Dixie Highway, Suite #226  
Clarkston, MI 48346-2077  
Phone: (248) 249-3713  
Email: [ToddHill@LEOTaCGroup.com](mailto:ToddHill@LEOTaCGroup.com)  
[www.LEOTaCGroup.com](http://www.LEOTaCGroup.com)



## Registration Form Implementing CISM and Peer Support Programs

**Dates:** Monday June 3, 2019

**Times:** 0800-1600

**Location:** Delta College, University Center, MI 48710 (Room Location TBD)

### **STUDENT REGISTRATION INFORMATION**

**Student Name:** \_\_\_\_\_

**Rank:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Cost:**  Non-Consortium: \$145 per person       Delta Consortium: \$105 per person

Online Credit Card/PayPal go to <https://leotacgroup.com/cism-%26-peer-support>

Check by Mail       Credit Card Below (If not paying online)

**Credit Card Information:**  MasterCard     Visa     American Express     Discover

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

**Expiration (Mth/Yr):** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Total Number of Students Registering:** \_\_\_\_\_ **Total Amount: \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**MCOLES:** This training has been registered with MCOLES for the use of PA 302 Law Enforcement Distribution funds.

Email registration forms to [ToddHill@LEOTaCGroup.com](mailto:ToddHill@LEOTaCGroup.com)

Register students at least 21 days prior to training.



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## **COMMAND/TRAINING COORDINATOR INFORMATION**

**Command/Training POC Name:** \_\_\_\_\_

Rank: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **ADDITIONAL STUDENT REGISTRATIONS:**

**Student #2 Name:** \_\_\_\_\_

Rank: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student #3 Name:** \_\_\_\_\_

Rank: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student #4 Name:** \_\_\_\_\_

Rank: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Student #5 Name:** \_\_\_\_\_

Rank: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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