



## 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

## Officer Wellness: Implementing CISM & Peer Support Programs

**Dates:** Friday September 25, 2020

**Times:** 0800-1600

**Location:** Delta College Satellite Campus, 319 E. Genesee Ave, Saginaw, MI 48607

### STUDENT REGISTRATION INFORMATION

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

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

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

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

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

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

**Cost:** ☐ \$175 per person (Lunch provided) ☐ \$150.00 (Delta Consortium & Lunch provided)

☐ Online Credit Card/PayPal go to <https://leotacgroup.com/officer-wellness>

☐ 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:** \_\_\_\_ **Billing Zip:** \_\_\_\_

**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.

**MCOL:** This training has been registered with MCOL 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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