

COURSE REGISTRATION FORM



INTERNATIONAL

All attendee information is kept confidential and not released to third parties.

Course Title: _____

Attendee Name: _____

Rank/Position: _____

LEA Yes / No Military Yes / No Other (explain) _____

Agency/Unit
Designation _____

Work Mailing Address: _____

City, State, Zip: _____, _____, _____

Phone: () _____-_____ Fax: () _____-_____

Mobile: () _____-_____

Work Email: _____

Personal Email: _____

FOR OFFICIAL USE ONLY

COURSE REGISTRATION FORM

TRAINING EXPERIENCE/TRAINING ATTENDED

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COURSE REGISTRATION FORM

TACTICAL/OPERATIONAL EXPERIENCE

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NOTE #1: Once completed, fax this registration form to 931-232-6542, attention Mr. John Sieh, Director/Master Trainer, SOTT-I. In addition, mail an additional copy, with course tuition payment to;

SOTT-I
P.O. Box 830
Dover, TN 37058

Checks should be made payable to;

John F. Sieh/SOTT-I

NOTE #2: In the event a program is cancelled by SOTT-I, course tuition will be reimbursed to the student. In the event a student cancels, as long as it is not within 20 days of the start of the program, his/her tuition will be reimbursed. Tuition fees are not reimbursable if a student cancels within 20 days of a program start.

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