



a PACEM DEFENSE COMPANY

LESS LETHAL COURSE REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

Phone (____)____-____ Cell (____)____-____ Fax (____)____-____

Email _____

Class Name _____

Class Location _____

Class Dates _____

Certification Level New ALS Certification (\$795) ALS Recertification (\$595)

Shirt Size (shirts run small) M L XL 2XL 3XL

Lodging (Perry facility only) Number of nights _____ @ \$40/night

Please return form to:

ALS / PACEM

4700 Providence Road

Perry, FL 32347

(850)223-1911 (fax) training@pacem-solutions.com (email)

TRF1-10
01/18/19
Rev 001

All information is required. A registration must be filled out for each individual registrant. Registration must be received 5 weeks prior to the first day of class. A purchase order, if applicable, should accompany this registration form.

FOR OFFICIAL USE ONLY

Date Received _____ Date Entered _____ Entered by _____ Sales Order # _____

4700 PROVIDENCE ROAD

PERRY, FL 32347

850.838.8422