



SHOOT HOUSE INSTRUCTOR COURSE REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

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

Email _____

Class Name _____

Class Location _____

Class Dates _____

Certification Level ALS Certification (\$5 5)

Lodging (Perry, FL facility only): _____ Number of nights @ \$55/night

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850) 838-8424 (fax) training@pacem-solutions.com (email)

TRF6-1
05/25/22
Rev 002

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. Any cancellation must be received 30 calendar days prior to the course start date for a full refund. Any cancellation received between 5 2 days prior to the course start date will receive a 50 refund, or the ability to transfer into another course. Any cancellation after this period will incur the full cost of the registration, unless otherwise approved by ALS/PACEM Defense.

FOR OFFICIAL USE ONLY

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

4700 PROVIDENCE ROAD
PERRY, FL 32347