

LESS LETHAL COURSE REGISTRATION

| Name | Rank |
|-------------------------------|--|
| Agency | |
| Address/State/Zip | |
| Phone () | Cell () Fax () |
| Email | |
| Class Name | |
| Class Location | |
| Class Dates | |
| Certification Level : | |
| New ALS Certificat | ion (\$795) ALS Recertification (\$695) Individual Day (\$350) |
| Lodging (Perry, FL facility o | nly): Number of nights @ \$55/night |
| Please return form to: | |
| ALS / PACEM 4700 Provid | ence Road Perry, FL 32347 |
| (850) 223-1911 (fax) | training@pacem-solutions.com (email) |
| All information is requi | red. A registration must be filled out for each individual registrant. Registration must be |
| form. Any cancellation m | the first day of class. A purchase order, if applicable, should accompany this registration ust be received 30 calendar days prior to the course start date. Any cancellation after this he full cost of the registration, unless otherwise approved by ALS/PACEM Defense. |
| | FOR OFFICIAL USE ONLY |

4700 PROVIDENCE ROAD
PERRY, FL 32347