

## **LESS LETHAL COURSE REGISTRATION**

Name		Rank			
Agency					
Address/State/Zip		- 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13			
Phone ()	Cell (		_ Fax (		
Email					i kije s.
Class Location		1			
Class Dates					
Certification Level :			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
New ALS Certific	cation (\$795)	ALS Recertification (\$6	95)	ndividual Day (\$350)	
Lodging (Perry, FL facility	only):	Number of nights @	\$60/night		TRF1-10
Please return form to:					11/22/21 Rev 004
ALS / PACEM 4700 Prov	idence Road Perry, Fl	32347			
(850) 223-1911 (fax)	training@pacem-	solutions.com (email	)		
All information is req	uired. A registration m	nust be filled out for e	each individual	registrant. Registrat	ion must be
cancellation received l	on must be received 3 petween 15-29 days p course. Any cancellat	0 calendar days prior	to the course rt date will rece will incur the fu	start date for a full r sive a 50% refund or	refund. Any the ability to
FOR OFFICIAL USE ONLY					
Date Received:	Date Entered:_	Entere	ed by:	Order Num	ber:
	an all an area and a second second second				

4700 PROVIDENCE ROAD
PERRY, FL 32347