



ARMORED RESCUE VEHICLE OPERATIONS REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

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

Email _____

Class Location _____

Class Date _____

Course Cost: \$550

Lodging (Perry, FL facility only): _____ Number of Nights (\$45/night)

TRF7-1

01/22/21

Rev 000

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

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

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 days prior to the 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