



AR-15 / M16 ARMORER COURSE REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

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

Email _____

Class Name _____

Class Location _____

Class Dates _____

Certification Cost \$ 675

TRF8-1
03/21/22
Rev 002

Lodging (Perry, FL facility only): _____ Number of nights @ \$60/night

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850)223-1911 (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 calendar days prior to the course start date for a full refund. Any cancellation received between 15-29 days prior to the course 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 course, 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