



REMINGTON 870 ARMORER COURSE REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

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

Email _____

Class Name _____

Class Location _____

Class Dates _____

Certification Cost \$475

TRF9-1
03/16/21
Rev 001

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.

FOR OFFICIAL USE ONLY

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

4700 PROVIDENCE ROAD
PERRY, FL 32347