



Tactical Encounters Registration Form

Course Title _____

Date(s) _____

Agency _____

Address _____

City _____ Zip _____

Contact Person _____

Phone _____

Email _____

Student Name(s)

_____ MCOLES# _____

_____ MCOLES# _____

_____ MCOLES# _____

Total Cost \$ _____

Send Invoice to: (*If different then listed above)

Name _____ Address _____

Fax to: Tactical Encounters Inc. @ **734-458-6001** *Payment must be received two weeks prior to start of course unless otherwise indicated.