



## National Tactical Officers Association

PO Box 797, Doylestown, PA 18901

Ph: 800-279-9127 Fax: 215-230-7552 www.ntoa.org

Course Title: **High-Risk Warrant Service** Course #: **20120650**  
Course Location: **Annandale, MN**  
Course Date: **May 21, 2012 to May 23, 2012**

NTOA reserves the right to cancel any course up to 30 days prior to course start.  
Please do not make any non-refundable travel arrangements before this time.

**Registrations limited to sworn law enforcement personnel. Please complete the following:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Rank \_\_\_\_\_ Assignment: SWAT \_\_\_\_\_ Patrol \_\_\_\_\_ CNT \_\_\_\_\_ TEMS \_\_\_\_\_ Other \_\_\_\_\_ (Describe) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ / \_\_\_\_\_ Home E-mail \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Phone # at Agency \_\_\_\_\_ Agency Fax # \_\_\_\_\_

(Expect a faxed confirmation within 2 days)

Your E-mail at Agency \_\_\_\_\_

### Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment information *must* accompany this registration to reserve your spot

NTOA Member Fee: **\$460** Member # \_\_\_\_\_ (Required for member fee)

Non-Member Fee: **\$515** (Includes one year membership-send by U.S. mail to: Home \_\_\_\_\_ Agency \_\_\_\_\_)

PO # (copy must be attached) \_\_\_\_\_ Check # \_\_\_\_\_

(Credit cards are charged and purchase orders billed approximately 40 days before the course start date)

Visa \_\_\_\_\_ MC \_\_\_\_\_ American Express \_\_\_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Code \_\_\_\_\_ (VS&MC – last three digits on signature line, AmEx. – four digit # on card front)

Name on Credit Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Cardholder Phone # \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

#### Send Completed Registration to:

Fax: 215-230-7552

Mail: PO Box 797, Doylestown, PA 18901

E-mail: training@ntoa.org

#### Cancellation Policy:

Full refund of any paid fee if canceled in writing is received 30 or more days prior to course start.

\$100 cancellation fee due if canceled in writing is received 29 or less days prior to course start.

Qualified substitutions are always acceptable. **No written notice – no refund.**