



REGISTRATION FORM

Please print name as it should appear on certificate:

LAST NAME: _____ FIRST NAME: _____ MI: _____

DEPARTMENT: _____

DEPT. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ CELL: _____

EMAIL: _____

COURSE DATE & LOCATION: _____

TYPE OF GAS GUN USED BY AGENCY (please check one): _____ 37MM _____ 40MM _____ 12GA SHOTGUN

CTSTI INSTRUCTOR & OPERATOR COURSES:

_____ OC ICP (DAY 1 ONLY - \$90.00)

_____ CORRECTIONS COURSE (3 DAYS - \$350.00)

_____ CM ICP (DAY 2 ONLY - \$220.00)

_____ BASIC BREACHING OPERATORS COURSE (1 DAY - \$110.00)

_____ IM ICP (DAY 3 ONLY - \$190.00)

_____ FIELD FORCE GRENADEIERS COURSE (2 DAYS - \$350.00)

_____ FB ICP (DAY 4 ONLY - \$220.00)

_____ SWAT GRENADEIERS COURSE (2 DAYS - \$300.00)

_____ ALL 4 ICP (FULL 4 DAYS - \$695.00)

_____ PENN ARMS ARMORER'S COURSE (2 DAYS - \$125.00)

_____ BREACHING INSTRUCTOR COURSE (2 DAYS - \$225.00)

_____ CUSTODIAL HANDCUFFING & RESTRAINTS (1 DAY - \$195.00)

BECAUSE ATTENDANCE IS LIMITED, A FIRM COMMITMENT IS REQUIRED. Therefore, a purchase order OR request for attendance on departmental letterhead to Combined Systems, Inc. from your department must be submitted to us by fax (724-932-2166), emailed to yereb@combinedsystems.com, or mailed to: CTS Training Institute, P.O. Box 506, Jamestown, PA 16134.

As the P.O.'s/requests for attendance are anticipated to be greater than the number of spaces available, cancellation of a designated attendee must be made in writing to Combined Systems thirty (30) days before the course date. Should a student not appear for class, and a cancellation notice not be received, that agency will be charged the full amount of the cost associated with this class. Notification of cancellation will allow us to offer the vacant spot to another interested agency. Substitution of an attendee within the same agency is acceptable.

Mail Payment to: **Combined Systems, Inc – Training**
388 Kinsman Road, Jamestown, PA 16134

PAYMENT METHOD: _____ CHECK ENCLOSED _____ CREDIT CARD _____ DEPT. PURCHASE ORDER (# _____)

CC# _____ V CODE# _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS & PHONE NUMBER: _____