



PEI-911 Online

FAX/MAIL COURSE REGISTRATION FORM

(Complete one form per Student)

Student Name:	
Student Email Address:	
Agency Name:	
Street Address:	
City/State/Zipcode:	
Phone number:	Fax number:

I would like to register for following course(s): (Check (✓) course name & write-in session start date)

- | | | |
|--|---------------------|----------|
| <input type="checkbox"/> Active Assailant | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Basic Telecommunicator | Class Session:_____ | \$379.00 |
| <input type="checkbox"/> Bring it On! | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Building for Excellence | Class Session:_____ | \$389.00 |
| <input type="checkbox"/> Challenging Callers | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Communications Center Liability | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Communications Training Officer | Class Session:_____ | \$389.00 |
| <input type="checkbox"/> Crimes in Progress | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Customer Service | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Domestic Violence | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Hiring Right for 9-1-1 | Class Session:_____ | \$249.00 |
| <input type="checkbox"/> Stress: It's All in Your Head | Class Session:_____ | \$219.00 |
| <input type="checkbox"/> Suicide Intervention | Class Session:_____ | \$219.00 |

PAYMENT INFORMATION:

Purchase Order#: _____ Check Enclosed (*U.S. Funds only*)

Credit Card: Visa MasterCard Discover

Name on Card: _____

Card Number: _____

Security Code: _____ (last 3 digits on back of card) Expiration Date: _____

Authorized Signature: _____

Email receipt to: Name & email address: _____

**MAIL OR FAX YOUR REGISTRATION FORM TO:
Profile Evaluations, Inc. 100 Point O Woods Drive, Daytona Beach, FL 32114
FAX: 386-239-3513**