

**COLUMBUS DIVISION OF POLICE REGIONAL TRAINING CENTER
JAMES G. JACKSON TRAINING ACADEMY**

1000 NORTH HAGUE AVENUE

COLUMBUS, OHIO 43204

Advanced Training Phone: (614) 645-4800

Fax: (614) 645-4246

REGISTRATION FORM

Complete one form for each student and each course. Please print.

Name: _____ Title: _____
Last First Middle

Gender: M / F DOB: ____/____/____ Daytime Phone: () _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Agency's Telephone Number: () _____ Agency Fax Number: () _____

Student's E-Mail Address: _____

Course Information:

Course Title: _____

Course Date(s): _____ Total Cost: _____

Registered enrollees who do not attend and do not cancel the registration two working days prior to the course will be charged an administrative fee equal to one-half the total course fee.

Billing Information:

Check one:

Payment enclosed _____ Make check payable to

Send invoice _____

Send Invoice To: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Student's Signature

Authorizing Signature

Date