

2010 U.S.N.S.T.A. REGISTRATION FORM - INDIV

UNITED STATES NATIONAL STANDARDS OF TRAINING ASSOCIATION
11TH ANNUAL U.S.N.S.T.A. TACTICAL TRAINING SEMINAR
DECEMBER 6-10, 2010 / BALLY'S HOTEL & CASINO / LAS VEGAS, NV

OFFICE USE

SELECT ENROLLMENT OPTION:

- TRACK 1: F.O.R.C.E. Active Shooter Training / Early Registration (*Ends May 1st*): **\$425** per person
- TRACK 1: F.O.R.C.E. Active Shooter Training / Standard Registration (*After May 1st*): **\$525** per person
- TRACK 2: Controlled F.O.R.C.E. Level 1 & 2 Departmental Instructor Certification: **\$685** per person

FAX COMPLETED FORM TO: 630-365-1361

Electronic Certificates will be sent to Primary E-Mail Address

PRINT CLEARLY / ALL FIELDS REQUIRED

LAST NAME	FIRST NAME	MIDDLE	POSITION / RANK	
DEPARTMENT / AGENCY		DIVISION / UNIT		
WORK ADDRESS		CITY	STATE	ZIP
WORK PHONE	CELL PHONE (OPTIONAL)	WORK FAX		
PRIMARY E-MAIL ADDRESS		SECONDARY E-MAIL ADDRESS (OPTIONAL)		
HOME ADDRESS		CITY	STATE	ZIP
HOME PHONE		EMERGENCY PHONE / CONTACT		

CONTROLLED F.O.R.C.E. CERTIFICATION (NOT REQUIRED FOR ENROLLMENT)

MEMBER OF CONTROLLED F.O.R.C.E. NETWORK?

LEVEL 1: _____ LEVEL 2: _____ [] YES [] NO (REQUIRED FOR RECEIPT OF CERTIFICATION)

TEAM DISCOUNTS AVAILABLE: CALL 630-365-1400 FOR TEAM RATES / TEAM SAVINGS CODE OR TEAM REGISTRATION FORM

IMPORTANT REFUND NOTICE: REGISTRATIONS CANCELLED AFTER NOVEMBER 13 WILL RECEIVE A REFUND MINUS \$250

WARNING! THIS IS AN INTENSLY PHYSICAL TRAINING SEMINAR. NO REFUNDS WILL BE GIVEN IF UNABLE TO COMPLETE

SELECT PAYMENT OPTION (YOUR DEPARTMENT/AGENCY WILL BE INVOICED UPON RECEIPT OF REGISTRATION FORM)

- PURCHASE ORDER** P.O. NUMBER _____
- CREDIT CARD** VISA MC CARD NUMBER _____ EXP _____
- CHECK PAYMENT** MAKE PAYABLE TO: U.S.N.S.T.A. P.O. BOX 8167 ELBURN, IL 60119
- OBSERVATION OPTION** (FREE OF CHARGE) FOR P.O.S.T. OFFICIALS / STATE OFFICIALS / ACADEMY DIRECTORS / CHIEFS OF POLICE / SHERIFFS

ENTER SAVINGS CODE: _____

I VERIFY THAT THE INFORMATION PROVIDED ABOVE IS COMPLETE AND ACCURATE

SIGNED _____ DATE _____