



# REGISTRATION FORM

# CULTURAL DIVERSITY COMPETENCY & RACIAL PROFILING FOR PEACE OFFICERS

## DEPARTMENT INFORMATION

POLICE/SHERIFF DEPARTMENT \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

## CLASS PARTICIPANTS

PARTICIPANTS		SELECT ONLY ONE CLASS SESSION PER PERSON									
NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
TELEPHONE _____		or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM
NAME _____		<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
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TELEPHONE _____		or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM	or <input type="checkbox"/> PM

## PAYMENT OPTIONS — \$ \_\_\_\_\_ PER PERSON

**CHECK** (ENCLOSE YOUR CHECK WITH THIS FORM) CHECK # (IF KNOWN) \_\_\_\_\_

**PURCHASE ORDER #** \_\_\_\_\_ (ATTACH THE SIGNED PURCHASE ORDER)

**CREDIT CARD**     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

COMPLETE BILLING ADDRESS \_\_\_\_\_  
 (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

### Return this completed Registration Form to:

Name: \_\_\_\_\_ • Address: \_\_\_\_\_ • City/State/Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ • Telephone: \_\_\_\_\_ • FAX: \_\_\_\_\_