

OHIO ASSOCIATION OF CHIEFS OF POLICE
Fax: 614-761-9509
Attn: Renea Collins, Education Workshop Coordinator

REGISTRATION FORM FOR 2010 WORKSHOPS

(Please print clearly to avoid misprint of nametags and certificates)

WORKSHOP NAME:	
WORKSHOP DATE:	
TODAY'S DATE:	
YOUR FULL NAME AND TITLE:	
DEPARTMENT NAME:	
DEPARTMENT ADDRESS: <i>(Include City, State And Zip Code)</i>	
DEPARTMENT PHONE NUMBER:	
E-MAIL ADDRESS:	
ARE YOU A CLEE GRADUATE?	
SEND INVOICE ATTENTION TO: <i>(If applicable)</i>	Name & Email:
PO# <i>(If Applicable)</i>	
Will guest/spouse be attending for an additional cost? <i>(based on individual workshop)</i>	If yes, please list name: _____