

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

REGISTRATION FORM FOR WORKSHOPS

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

ALL INVOICES/CONFIRMATIONS ARE SENT ELECTRONICALLY

Workshop Name:	
Workshop Date:	
Today's Date:	
Full Name (including title):	
Department:	
Department address: <i>(Include City, State & Zip Code)</i>	
Phone:	
Email:	
Are you a CLEE graduate?	
Send invoice ATTN 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: _____
Do you have any special dietary needs? <i>(Based on individual workshop)</i>	If yes, please list here: _____