



# REGISTRATION FORM

Please print name as it should appear on Course Certificate:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

CITIZENSHIP (Select One): United States \_\_\_\_\_ Other: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

STREET ADDRESS (Agency): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME ADDRESS (Optional): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COURSE DATE & LOCATION: \_\_\_\_\_

TYPE OF GAS GUN USED BY AGENCY (Select One): \_\_\_\_\_ 37MM \_\_\_\_\_ 40MM \_\_\_\_\_ 12GA SHOTGUN

- SELECT COURSE** \*Prices are subject to change
- \_\_\_\_\_ OC ICP (DAY 1 ONLY - \$100.00)
  - \_\_\_\_\_ IM ICP (DAY 2 ONLY - \$220.00)
  - \_\_\_\_\_ CM ICP (DAY 3 ONLY - \$250.00)
  - \_\_\_\_\_ FB ICP (DAY 4 ONLY - \$250.00)
  - \_\_\_\_\_ ALL 4 ICP (FULL 4 DAYS - \$795.00)
  - \_\_\_\_\_ CORRECTIONS COURSE (3 DAYS - \$350.00)
  - \_\_\_\_\_ CELL EXTRACTION INSTRUCTOR COURSE (2 DAYS - \$350.00)
  - \_\_\_\_\_ BALLISTIC BREACHING OPERATORS COURSE (1 DAY - \$150.00)
  - \_\_\_\_\_ BREACHING INSTRUCTOR COURSE (2 DAYS - \$325.00)
  - \_\_\_\_\_ FIELD FORCE GRENADIER COURSE (2 DAYS - \$450.00)
  - \_\_\_\_\_ SWAT/TACTICAL GRENADIER COURSE (2 DAYS - \$400.00)
  - \_\_\_\_\_ PENN ARMS ARMORER'S COURSE (2 DAYS - \$225.00)
  - \_\_\_\_\_ CUSTODIAL HANDCUFFING & RESTRAINTS (1 DAY - \$195.00)

BECAUSE ATTENDANCE IS LIMITED, A FIRM COMMITMENT IS REQUIRED. Therefore, a purchase order OR request for attendance on departmental letterhead to Combined Systems, Inc. from your department must be submitted to us by fax (724-932-2166), emailed to training@combinedsystems.com, or mailed to: CTS Training Institute, P.O. Box 506, Jamestown, PA 16134.

As the P.O.'s/requests for attendance are anticipated to be greater than the number of spaces available, cancellation of a designated attendee must be made in writing to Combined Systems thirty (30) days before the course date. Should a student not appear for class, and a cancellation notice not be received, that agency will be charged the full amount of the cost associated with this class. Notification of cancellation will allow us to offer the vacant spot to another interested agency. Substitution of an attendee within the same agency is acceptable.

Mail Payment to: Combined Systems, Inc – PO Box 6206  
Hermitage, PA 16148-0922

PAYMENT METHOD: \_\_\_\_\_ CHECK ENCLOSED \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ DEPT. PURCHASE ORDER (# \_\_\_\_\_)

\*A 3% transaction fee will apply to all credit card payments.

CC# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ V CODE# \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

BILLING ADDRESS & PHONE NUMBER: \_\_\_\_\_

BILLING EMAIL ADDRESS: \_\_\_\_\_