

Pacific Institute of Defensive Tactics

4626 Soquel Drive, Soquel CA 95073

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COURSE REGISTRATION FORM

Make Checks payable To Pacific Institute of Defensive Tactics (P.I.D.T)

AGENCY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Person: _____ Phone: _____

Contact Email: _____ Fax: _____

DEFENSIVE TACTICS INSTRUCTOR UPDATE COURSE

TUITION: \$554.00 October 4 - 8, 2010 (5 Day Course)

Number of participants _____ @ \$554.00 each = Total tuition: _____

P A R T I C I P A N T S	Name: _____	eMail: _____
	Name: _____	eMail: _____
	Name: _____	eMail: _____
	Name: _____	eMail: _____
	Name: _____	eMail: _____



*Payment
Enclosed*



*Payment Will Be Sent
With Participants*

to MAIL or FAX this course registration form. Or

All courses carry a cap on enrollment and all courses require pre-registration.