

# Pacific Institute of Defensive Tactics

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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 25-29, 2011 (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.