

## REGISTRATION FORM TRAINING OFFICERS CONSORTIUM September 2018 - June 2019

Full Name:						
Position Title:						
Agency/Business/Departmen	t:					
Mailing Address: City:	State:	Zip C	ode:			
Phone:	Fax:	E-Mail				
Category: (Check ONE): _	Federal Empl	oyeeUni	versity	Vendor	_State	Other
New Registrants ONLY: Ho	w did you learn o	f TOC?				
Individual (Name)						
Organization: (Name)		W	eb Site:	_ Article:		
May we list your info in the	TOC On-line D	irectory? YI	ESNO	<u> </u>		
List any additional co-work	xers e-mail addre	esses to receiv	ve mailings			
Check applicable line:						
Purchase order enclos (TOC Taxpay Check Payable to TO	er Identification N	Number: 52-17	756128)			
To pay by Credit Care	d register on-line a	at <u>http://www</u>	.trainingoff	icers.org/join.ph	<u>ıp</u>	
Electronic Funds Trai 202-973-8683 – phon						
Institute Only Registr	ration (\$1195)					

To register, mail this form and your method of payment to:

Training Officers Consortium
2025 M Street, N.W. Suite 800, Washington, D.C. 20036
Phone: 202-973-8683 Fax: 202-331-0111

E-mail: info@trainingofficers.com

Note: Registration is for September 2018 - June 2019, and expires with program in June 2019. A separate registration is required for the Institute. Information will be announced on or before February 2019. Disclaimer: Unless you opt out below, you agree that TOC may photograph you during any TOC event and that such photos may be posted on the TOC website.

☐ Please do not use my image on the TOC website.

TRAINING OFFICERS CONSORTIUM - SINCE 1938