



NATIONAL TACTICAL OFFICERS ASSOCIATION

Ph: 800.279.9127 Fax: 215.230.7552 www.ntoa.org

Countering Terrorism through Technology Minimal Force and Less Lethal Options Workshop

May 20-22, 2008 Orlando, FL

FEE: Register Early - Price increases \$50 on April 1st, 2008

Police/Military \$300 \$350 **NTOA Member number** _____

*In order to get the Police/Military rate, you must provide your NTOA member number, or a copy of your Police/Military ID. If you are submitting this form on-line, a copy of your ID must be faxed to 215-230-7552.

Non Law Enforcement \$500 \$550

Please complete the following:

First Name _____ MI _____ Last _____

Rank _____ Assignment: SWAT ___ Patrol ___ CNT ___ TEMS ___ Other ___ (Describe) _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Home E-mail _____

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____ Country _____

Your Phone @ Agency _____ Agency Fax _____

(Please expect a faxed confirmation within 72 hours)

Your E-mail @ Agency _____

Send Completed Registration to:
Fax: 215-230-7552
Mail: NTOA, PO Box 797, Doylestown, PA 18901
E-mail: lauragerhart@ntoa.org

Cancellation Policy: Registrants will receive full refund of fee if cancelled in writing 30+ days prior to conference start. NTOA will charge \$100 cancellation fee if written notice is received less than 30 days prior to conference start. **No written notice – no refund.** Qualified substitutions are always acceptable.

NTOA reserves the right to cancel any conference up to 30 days prior to conference start. Please do not make any non-refundable travel arrangements before this time.

Registrants Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature _____ Date _____

Payment information *must* accompany this registration to reserve your spot

**** REGISTRATION CANNOT BE ACCEPTED WITHOUT IT****

*****NOTE: As a non-profit organization, the NTOA can not easily process military credit cards therefore all military personnel attending the symposium must pay with a personal credit card, check or money order. Thank you for your understanding.**

PO # (copy must be attached) _____ Check # _____ Complimentary: Yes / No

Credit Card: Visa ___ MC ___ American Express ___ Card # _____ Expiration Date _____

Card Code _____ (VS&MC – last three digits on signature line, AmEx. – four digit # on card front)

Name on Credit Card _____

Cardholder Billing Address _____

Cardholder Phone # _____ Cardholder Signature _____