

# HOMICIDAL DROWNING INVESTIGATIONS

September 22-23, 2010

## Registration Form

(Please PRINT CLEARLY)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee for course: **\$249.00/ person**

**Method of Payment:** Visa, MasterCard, Check: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVS# \_\_\_\_\_

Zip Code: \_\_\_\_\_ ( Billing address of Credit Card)

(Credit Cards will be charged an additional 3.5 % for processing fees.)

Name as it appears on the card : \_\_\_\_\_

Please Charge \$ \_\_\_\_\_ for \_\_\_\_\_ number of registrations.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PAYMENT MUST BE MADE IN ADVANCE WITH REGISTRATION or PLEASE**

**SUBMIT By NO LATER THAN : **September 1, 2010****

**PURCHASE ORDER WITH REGISTRATION. Payment Confirms Spot in Class**

**Return Form To: Public Safety Dive Services, LLC**  
2013 Par Court  
Grand Junction, Colorado 81507  
Fax# 1-970-245-1177