

## SHOCKNIFE SPONTANEOUS EDGED WEAPON DEFENSE INSTRUCTOR COURSE

## **COURSE REGISTRATION FORM**

Name: Address:				_ U	Unit/Agency:		
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State.: ZIP Code:			_ PI	Ph. #:			
Fax:		Er	nail:				
Cash/Ch			CExp. Date: Cheque (make cheque payable to <i>Setcan Corporation</i> ) se Order (please fax PO to Setcan)				
Shirt Size: 🛛 M			J XXL				
Cancellation Policy: F	Full refund fo	or cancella	tions prior	to 30 days.	No refun	<u>ds</u> within 30 days of course.	
Course Dates:	Au	ugust 29t	h and 30th	n, 2016			
Location:	\٨/	entworth	Douglass	Hospital			

	789 Central Ave Dover, NH 03820
Course Host:	Wentworth Douglass Hospital Michael Fowler 603-609-6153 michael.fowler@wdhospital.com
Course Cost:	\$399/Participant (includes \$99 online Shocknife Safety Monitor Certification)

## NOTE:

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Please complete one registration form for EACH participant from your agency and FAX completed form back to Setcan Corporation at 204-586-2049. If you have any questions about this course contact Kristin Farkas, Setcan Corporation, 1-866-353-5055 or email kfarkas@setcan.com. Course limited to first 24 registrants.

Premier Supplier of Reality Based Training Products and Instructor Level Certifications.





Setcan Corporation, 1080 Kingsbury Ave., Winnipeg, Manitoba, R2P 1W5, Ph. (204) 336-0011 Fax (204) 586-2049 Email: <u>info@setcan.com</u>

www.shocknife.com - www.setcan.com - www.stressvest.com