

COURSE REGISTRATION FORM

Name:	Unit/Agency:		
Unit Address:			City:
State/Province:	ZIP Code/P	ostal: Ph.	#:
Fax:	Email:		Duty Firearm:
Method of Paymen	□ Cash/Ched	que (make cheque payable to s Order (please fax PO to Se	• •
Shirt Size: 🔲 M		XL	
Cancellation Policy:	Full refund for cancellation	ns prior to 30 days. <u>No refunds</u> v	within 30 days of course.
Course Dates:	October 3 & 4, 2017	7	
Location:	6427 N Sheridan Road Chicago, IL 60626-5309 Ph: (773) 508-3565 Email: dmonreal@luc.edu or daniel.monreal@leo.gov		
Course Host:	Loyola University Police Department		
Course Cost:	\$599/Participant		
NOTE:			

The Company Dedicated to Officer Safety/Defensive Tactics Instructors, Instructor Trainers and Master Instructors.

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 Teresa Klassen, Setcan

Corporation, 1-866-353-5055 or email tklassen@setcan.com. Course limited to 22 participants maximum.



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