



SIMUMINATION[®]

SCENARIO INSTRUCTOR & SAFETY CERTIFICATION

COURSE REGISTRATION FORM

Name: _____ Unit/Agency: _____

Address: _____ City: _____

Province/State: _____ Postal/ZIP Code: _____ Ph. #: _____

Fax: _____ email: _____ Duty Firearm: _____

Method of Payment: Visa/MC _____ Exp.Date: _____

Cash/Cheque (make cheque payable to **Setcan Corporation**)

Purchase Order (please fax PO to Setcan)

Cancellation Policy: Full refund for cancellations prior to 30 days. No refunds within 30 days of course.

Shirt Size: M L XL XXL

Course Dates: March 19th – 21st, 2020

Location: Setcan Corporation
1080 Kingsbury Ave
Winnipeg, MB R2P 1W5

Course Contact: Jessica Childs
Office : 1-204-336-0011
Email: Jchilds@setcan.com

NOTE:
Please complete one registration form for EACH participant from your agency and RETURN completed form back to Setcan Corporation at 204-586-2049. If you have any questions about this course contact Jessica Childs, Setcan Corporation, 1-866-353-5055 or email Jchilds@setcan.com. Course limited to 20 participants.

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



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Setcan Corporation, 1080 Kingsbury Ave., Winnipeg, Manitoba, R2P 1W5,
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www.setcan.com