



TRAINING REGISTRATION

SOUTHEAST MINNESOTA REGIONAL PUBLIC SAFETY TRAINING CENTER

COURSE INFORMATION

Course Name:

Date:

PERSONAL INFORMATION

First Name:

Last Name:

Email Address:

POST Number:

AGENCY INFORMATION

Department:

Address:

City:

State:

ZIP Code:

INDIVIDUAL RESPONSIBLE FOR BILLING

First Name:

Last Name:

Email Address:

Phone:

PAYMENT - Please do not remit payment. You will receive an invoice from the Olmsted County Sheriff's Office after the course is complete.

CANCELLATION/SCHEDULE CHANGE POLICY - We require a cancellation notice 7 days prior to your scheduled training. If registered student can not attend, we do accept agency substitutions. Courses are subject to cancellation/rescheduling.

* Return all registration forms to: haefner.denise@co.olmsted.mn.us

