



**NEW JERSEY TACTICAL OFFICERS ASSOCIATION
TRAINING REGISTRATION FORM**

NAME: _____

(Print clearly for certificate)

RANK: _____ D.O.B: _____

AGENCY/ORGANIZATION:

STREET ADDRESS:

(AGENCY/ORGANIZATION OR HOME)

CITY: _____ STATE: ____ ZIP: _____

TELE: _____ FAX: _____

PREFERRED MAILING AND BILLING ADDRESS:

EMAIL CONTACT:

COURSE TITLE/DATE:

AREA OF EXPERTISE:

NUMBER OF STUDENTS ATTENDING: _____

PLEASE PROVIDE MEDICAL BACKGROUND FOR ANY SPECIFIC LIMITATIONS IN TRAINING

PAYMENT TYPE (PLEASE CHECK ONE):

COMPANY/AGENCY CHECK ___ MONEY ORDER ___ AGENCY PO ___ CREDIT CARD PAYMENT:
VISA ___ MC ___ AMEX ___ DISC ___

CREDIT CARD NUMBER: _____ Exp: _____ Sec. Code: _____

Mail registration and payment to: 1308 Centennial Avenue #104, Piscataway, NJ 08854

Payable to: NJTOA If faxing registration and purchase order, please fax to 732-981-9009

FULL PAYMENT DUE UPON REGISTRATION FORM SUBMITTAL

CANCELLATION POLICY:

Student will receive full refund of fee if cancelled in writing 30+ days prior to course start date. NJTOA will charge a \$100.00 cancellation fee if written notice is received less than 30 days prior to course start date.

Courses under \$100.00 carry a \$30.00 Cancellation charge NO WRITTEN NOTICE - NO REFUND