



Institute of Police Technology and Management

Instructions for Registering Others

1. Complete one Registration Form per student.
2. Return the form(s) with full payment:
 - Email:** info@iptm.org
 - Fax:** (904) 620-2453
 - Mail:** IPTM/UNF
12000 Alumni Drive
Jacksonville, FL 32224-2678
 - Call:** (904) 620-IPTM (4786)
Please have your credit card information available.
3. An email confirming registration and payment will be sent to the student. To receive a copy, include your email address in the Registering Person's Information box if you send by email.

IMPORTANT INFORMATION

Do not make airline reservations until you receive written notification confirming that the course will run as scheduled.

CANCELLATION/REFUND POLICY:

Complete the Cancellation Request Form found at www.iptm.org and return it to IPTM. No telephone cancellations will be accepted. A 20% administrative fee will be assessed to all refunds if the cancellation request is received within 14 days of the course start date. In lieu of a refund, student substitutions can be made or a credit can be issued for a future course. No refunds will be given for no-shows.



Institute of Police Technology and Management

University of North Florida

Registration Form

STUDENT INFORMATION

First Name: _____ Day Phone: _____
Middle Initial: _____ Student Fax Number: _____
Last Name: _____ Student Email: _____
Address: _____
Address 2: _____
Zip Code: _____
City: _____
State: _____
Occupation (Rank): _____
Employer (Agency Name): _____

Americans with Disabilities Act Program Accessibility:
Individuals who require reasonable accommodation in order to participate must notify the registrar at (904) 620-IPTM at least five working days prior to the class.

COURSE INFORMATION

Course Title: _____
Course Dates: _____
Course Location: _____
Course Fee: \$ _____

Full payment must accompany all registrations!

Please do not make airline reservations until you receive written notification confirming that the course will run as scheduled.

PAYMENT INFORMATION

Payment must be submitted with your registration.

Check enclosed for: \$ _____ *Make check payable to: Institute of Police Technology and Management*
 Bill my: Visa MasterCard American Express Discover for \$ _____
Card #: _____ 3- or 4-digit security code: _____
Name as it appears on card: _____ Expiration Date: _____
Email receipt to: _____

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REGISTERING PERSON'S INFORMATION (If different than student)

Registering Person's Name: _____
Registering Person's Title: _____ Phone Number: _____
Registering Person's Email: _____

Return to: Institute of Police Technology and Management/University of North Florida
12000 Alumni Drive • Jacksonville, Florida 32224-2678
Phone: (904) 620-IPTM (4786) • Fax: (904) 620-2453 • E-mail: info@iptm.org