

Institute of Police Technology and Management

University of North Florida

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.

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.

- Cancellations made less than 14 days before the course start date will incur a 25% administrative fee.
- Cancellations made less than 1 business day before the course start date will incur a 50% administrative fee.
- No refunds will be given for no shows.
- No refunds will be given for online independent study and Videos on Demand (VoD) after registration. View the full policy online at https://iptm.unf.edu/cancellations-refunds.html

Institute of Police Technology and Management University of North Florida Registration Form

STUDENT INFORMATION

First Name:	Day Phone:	
Middle Initial: St	udent Fax Number:	
Last Name: Sta	udent Email:	
Address:		
Address 2:		
Zip Code:	Americans with Disabilities Act Program Accessibility:	
City:	,	
State:		
Occupation (Rank):		
Employer (Agency Name):		
COUR	SE INFORMATION	
Course Title:		
Course Dates:		
Course Location:	Full payment <u>must</u> accompany all registrations!	
Course Fee: \$		
	ive written notification confirming that the course will run as scheduled. INT 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:		
Complete the Cancellation Request Form found at WWW.I Cancellations made less than 14 days before the cou Cancellations made less than 1 business day before No refunds will be given for no shows.	TION/REFUND POLICY PTM.ORG and return it to IPTM. No telephone cancellations will be accepted. Drse start date will incur a 25% administrative fee. The course start date will incur a 50% administrative fee. The y and Videos on Demand (VoD) after registration. View the full policy online.	
REGISTERING PERSON'S INF	ORMATION (If different than student)	
Registering Person's Name:		
Registering Person's Title:	Phone Number:	
Registering Person's Email:		