

## Institute of Police Technology and Management

University of North Florida

## **Registration Form**

STUDENT INFORMATION	
First Name: Day Phone:	
Middle Initial: Student Fa	x Number:
Last Name: Student Email:	
Address:	
Address 2:	
Zip Code:	
City:	Americans with Disabilities Act Program Accessibility: Individuals who require reasonable accommodation in order to participate must notify the registrar at (904) 620-IPTM
State:	
Occupation (Rank):	
Employer (Agency Name):	
COURSE INFORMATION	
Community Tyles	
Course Title:	
Course Dates:	Full payment must
Course Location:	accompany all registrations!
Course Fee: \$	
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 #:	
Name as it appears on card:	Expiration Date:
Email receipt to:	
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.	
REGISTERING PERSON'S INFORMATION (If different than student)	
Registering Person's Name:	
Registering Person's Title:	Phone Number:
Registering Person's Email:	

Phone: (904) 620-IPTM • Fax: (904) 620-2453 • E-mail: info@iptm.org