

Pro-ACT[®] Registration Form

To register for a Pro-ACT[®] course, print out and complete the following registration form.

Name: _____

Position: _____

Agency: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Day Phone: _____ Cell Phone: _____

Training Dates: _____ Training Location: _____

Payment of: _____ is included for class registration in Professional Assault Crisis Training

Payment of: _____ is included for class registration in Professional Assault Crisis Training+Restraint Certification

A \$35 service fee will be charged for all checks returned for insufficient funds.

Purchase orders are not accepted.

Professional Assault Crisis Training (4-day)

Pay \$795 per person if registration is postmarked **by** early registration deadline.

Pay \$895 per person if registration is postmarked **after** early registration deadline.

Professional Assault Crisis Training + Restraint Certification (4-day + 1-day)

Pay \$995 per person if registration is postmarked **by** early registration deadline.

Pay \$1,095 per person if registration is postmarked **after** early registration deadline.

- Fee includes download of participant manuals and power point training aids for use in training within sponsoring organization.
- See schedule for details on dates, locations, and registration deadlines.
- Space is limited. Registration is on a first come, first served basis.

Registered participants will receive written confirmation, directions to the training site, and a list of suggested lodging. **In addition**, an *In-service Instructor Agreement* will be sent to be completed by the participant and an authorized representative of the participant's sponsoring organization, and **must be brought to the first day of training.**

Refund Policy: A \$100 processing fee will be charged for all refunds or class date changes requested prior to the final registration deadline for the training indicated above. **No refunds or class date changes will be made after this date.** Participant substitutions may be made for the registration dates indicated above **only**. If necessary, notice of cancellation of training will be made by the final registration deadline for that training and full refunds will be issued.

Payment Information

Mail registration and make check payable to: Pro-ACT, Inc.
PO Box 5979
San Clemente, CA 92674-5979

If you have questions, **call:** 949/489-5700 or **e-mail:** proact@cox.net