

COURSE REGISTRATION



NAME		<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	RANK / TITLE / ASSIGNMENT	
PREFERRED ADDRESS		CITY	STATE	ZIP CODE
PREFERRED TELEPHONE NUMBER		PREFERRED EMAIL ADDRESS		
AGENCY / BASE ADDRESS		CITY	STATE	ZIP CODE
AGENCY / BASE TELEPHONE NUMBER	EXTENSION	AGENCY / BASE EMAIL ADDRESS		

L&N Supply, LLC requires the submission of one of the following documents with this form:

- Current active duty or reserve Law Enforcement ID Card **OR** Current active duty or reserve Military ID Card **OR**
 Character letter from the Chief of Police or Sheriff (civilians)

ASYMMETRIC BALLISTIC SHIELD DEPLOYMENTS: CONCEPTS & STRATEGIES COURSE JEFFERSON CITY, MISSOURI • \$650 • JULY 9TH - 11TH, 2018

PLEASE SUBMIT REGISTRATION FORM, COPY OF IDENTIFICATION OR REQUIRED PAPERWORK, AND PAYMENT TO:

L&N SUPPLY, LLC · P.O. BOX 1850 · VALPARAISO, INDIANA 46384

**ACCEPTABLE FORMS OF PAYMENT INCLUDE: CHECK, CREDIT CARD,
DOJ VOUCHER, MONEY ORDER OR AGENCY PURCHASE ORDER**

By signing and submitting this registration form, I understand and agree to the following:

- The credentials or paperwork included with this registration form meet the requirements as specified by L&N Supply, LLC, and that I will be required to show proof of identification on the first day of the course/seminar.
- Where, and when applicable, that PDS Tactical, LLC courses will depend upon the careful control of deadly weapon(s) by me; therefore, I understand and agree that my participation may be terminated at any time during the course if the staff/instructor deems my behavior, conduct or weapon handling skills to be unsatisfactory or unsafe.
- That I will abide meticulously by any and all safety procedures as outlined and specified by PDS Tactical, LLC and that I will agree to signing a liability waiver form releasing PDS Tactical, LLC from any injury I may sustain during the course.
- I understand that my deposit is non-refundable and non-transferable. However, in the case of an emergency, I understand that L&N Supply, LLC will work to provide a fair and equitable solution for both parties.

SIGNATURE		DATE	
If you are paying by credit card, please complete the following:			
		<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard
		<input type="checkbox"/> VISA	
NAME AS IT APPEARS ON CREDIT CARD		AUTHORIZATION SIGNATURE	DATE
CREDIT CARD NUMBER		EXPIRATION DATE	3 DIGIT AUTHORIZATION CODE

IMPORTANT: Your credit card will be charge the day your registration form is received.

Please include the billing address where the monthly statement is sent.

ADDRESS	CITY	STATE	ZIP CODE
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