

REGISTRATION FORM

Course: _____

Date: _____ Fee: _____

Name: _____

Position/Title: _____ SS #: _____

Agency: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Nickname for Name Tag: _____

E-mail Address _____

Payment will be made by:

Check Money Order Cash Purchase Order

Make checks payable to : “Miami-Dade Police Department”

Mail your registration and payment to Miami-Dade Police Department,
Training Bureau, Professional Development Section, 9601 N.W. 58th Street,
Miami, Florida 33178 or fax your registration form to (305) 715-5107