REGISTRATION FORM

TRAINING SEMINAR
Marshall County Sheriff's Office

August 18, 2018

YOU MUST PREREGISTER, *(LIMIT OF 60)* NO WALK-INS

PLEASE PRINT:

Name_____Date_____

Address_____Phone _____ - _____ - _____

City_____State_____Zip_____

Department_____

Please check: ____Reserve Officer _____Regular Officer

SEMINAR REGISTRATION FEE: __1__ X $10.00 = _____
(includes Lunch at the Sheriff's Office)

SATURDAY EVENING BAR-B-QUE: _____ X $8.00 = _____
(cost per person)

Total Enclosed _____

—NOTE—
REGISTRATION WILL NOT BE ACCEPTED
WITHOUT PAYMENT OF REQUIRED FEES

REMIT AND SEND TO: ISRLOA
PO BOX 26
MARSHALLTOWN, IA 50158

YOU WILL BE NOTIFIED
IF YOUR REGISTRATION IS NOT ACCEPTED