



SHIELDS FAMILIARIZATION COURSE REGISTRATION

Name _____ Rank _____

Agency _____

Address/State/Zip _____

Phone (____)____-____ Cell (____)____-____ Fax (____)____-____

Email _____

Class Location _____

Class Date _____

Course Cost: \$375

Lodging (Perry, FL facility only): _____ Number of Nights (\$60/night)

Please return form to: ALS / PACEM 4700 Providence Road Perry, FL 32347 ,

(fax) (850) 223-1911 or (email) training@pacem-solutions.com

TRF2-4
12/11/2024
Rev 000

All information is required. A registration must be filled out for each individual registrant. Registration must be received 5 weeks prior to the first day of class. A purchase order, if applicable, should accompany this registration form. Any cancellation must be received 30 calendar days prior to the course start date for a full refund. Any cancellation received between 15-29 days prior to the course start date will receive a 50% refund or the ability to transfer into another course. Any cancellation after this period will incur the full cost of the registration, unless otherwise approved by ALS/PACEM Defense.

FOR OFFICIAL USE ONLY

Date Received _____ Date Entered _____ Entered by _____ Sales Order # _____

4700 PROVIDENCE ROAD

PERRY, FL 32347