REGISTRATION FORM

TRAINING SEMINAR Marshall County Sheriff's Office

August 17, 2024

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

Name_____Date____ Address______Phone ____ - ____-

City_____State____Zip____

Department

Please check: Reserve Officer _____Regular Officer

1 X \$20.00 =SEMINAR REGISTRATION FEE: (includes Lunch at the Sheriff's Office)

SATURDAY EVENING BAR-B-QUE: X \$5.00 = _____X

(cost per person)

PLEASE PRINT:

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 OR THE CLASS IS FULL