



NATIONAL TACTICAL OFFICERS ASSOCIATION

PO Box 797, Doylestown, PA 18901

Ph: 800.279.9127 Fax: 215.230.7552 www.ntoa.org

12TH ANNUAL CRISIS NEGOTIATIONS CONFERENCE

October 23-26, 2012

Mesa, AZ

FEE:	Register by Sept. 15, 2012	Member	\$300	Non-member	\$350
	Register on or after Sept. 16 2012	Member	\$350	Non-member	\$400

Registrations limited to sworn law enforcement personnel / Please complete the following:

First Name _____ MI _____ Last _____

Rank _____ Assignment: SWAT ___ Patrol ___ CNT ___ TEMS ___ Other ___ (Describe) _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home E-mail _____

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

Your Phone @ Agency _____ Agency Fax _____

(Please expect a faxed confirmation within 72 hours)

Your E-mail @ Agency _____

<p align="center">Send Completed Registration to:</p> <p>Fax: 215-230-7552 Mail: NTOA, PO Box 797, Doylestown, PA 18901 E-mail: lauragerhart@ntoa.org</p>
--

<p>Cancellation Policy: Student will receive full refund of fee if cancelled in writing 30+ days prior to course start. NTOA will charge \$100 cancellation fee if written notice is received less than 30 days prior to course start. No written notice – no refund. Qualified substitutions are always acceptable.</p>
--

NTOA reserves the right to cancel any course up to 30 days prior to course start. Please do not make any non-refundable travel arrangements before this time.

Student Liability Waiver

In consideration of my attendance and participation in the National Tactical Officers Association's Training Course, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or may accrue against the National Tactical Officers Association, its officers or instructors, and co-host agency for any and all injuries which may be suffered by me as a result of my attendance and participation.

Student's Signature _____ Date _____

Payment information *must* accompany this registration to reserve your spot

**** REGISTRATION CANNOT BE ACCEPTED WITHOUT IT****

NTOA Member number _____

PO # (copy must be attached) _____ Check # _____ Complimentary: Yes / No

Credit Card: Visa ___ MC ___ American Express ___ Card # _____ Expiration Date _____

Card Code _____ (VS&MC – last three digits on signature line, AmEx. – four digit # on card front)

Name on Credit Card _____

Cardholder Billing Address _____

Cardholder Phone # _____ Cardholder Signature _____