



**NATIONAL TACTICAL OFFICERS ASSOCIATION**

PO Box 797, Doylestown, PA 18901

Ph: 800.279.9127 Fax: 215.230.7552 www.ntoa.org

**15<sup>TH</sup> ANNUAL CRISIS NEGOTIATIONS CONFERENCE**

November 9-12, 2015 Scottsdale, AZ

20150020

**FEE: Member fee: \$300 Non-member fee: \$350**

Member ID: \_\_\_\_\_

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

Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Rank \_\_\_\_\_ Assignment: SWAT \_\_\_ Patrol \_\_\_ CNT \_\_\_ TEMS \_\_\_ Other \_\_\_ (Describe) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Your Phone # at Agency \_\_\_\_\_ Agency Fax # \_\_\_\_\_

Your E-mail at Agency \_\_\_\_\_

**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 \_\_\_\_\_

**Registered students should expect a confirmation within 2- business days  
Payment information *must* accompany this registration. A spot will not be reserved without it.**

PO # (please attach copy or original) \_\_\_\_\_ Check # (please attach copy or original) \_\_\_\_\_

(PO’s are invoiced, Checks deposited and Credit Cards charged approximately 40 days before the course date)

Visa \_\_\_ MC \_\_\_ AmEx \_\_\_ Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ (Visa & MasterCard: 3- digit number on back – AmEx: 4-digit number on front)

Name on Credit Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

(\*\*Your billing address must be entered as it appears on file with your credit card company)

Cardholder Signature \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_

E-mail address where receipt should be sent \_\_\_\_\_

Completed registrations may be sent by fax to: 215-230-7552  
Make checks payable to NTOA  
PO Box 797, Doylestown, PA 18901  
Email: Training@NTOA.ORG

**Cancellation Policy:**  
\$100 cancellation fee due if canceled in writing is received 29 or less days prior to course start.  
Full refund of any paid fee if canceled in writing is received 30 or more days prior to course start.  
Qualified substitutions are always acceptable. *No written notice – no refund.*