



STUDENT REGISTRATION FORM

Submit **UTM Master Instructor Course** Registration Form via Email info@A-WayTraining.com

Mail: A - Way Training & Tactical, Inc. P.O. Box 221 Elmhurst, IL 60126

Student Name: _____

Phone #: _____ E-mail: _____

Department/Agency * _____

Schedule Date for Course

Date: _____ Time: from _____ am/pm to: _____ am/pm

Location: _____

Address

Street

City, State, Zip

Point of Contact for Payment

Phone #: _____ E-mail: _____ Fax: _____

Course Fee: _____

Please make your payment before attending this course. Course must be paid in full to attend. Payments can be made either by check or credit card. Contact Patrick@A-WayTraining.com for payment arrangements.