



Ohio Association of Chiefs of Police

EDUCATION WORKSHOP REGISTRATION

ATTENDEE INFORMATION

Today's Date	_____
Workshop Name	_____
Workshop Date	_____
Full Name & Rank (CLEE graduate if applicable)	_____
Department	_____
Address	_____
E-Mail Address	_____
Phone	_____ PO # _____
Send invoice ATTN to	_____
Email	_____
OACP member?	YES NO Interested, please send information YES NO

ADDITIONAL INFORMATION

DO YOU HAVE ANY SPECIAL DIETARY NEEDS (Based on individual workshop)	
WILL A GUEST/SPOUSE BE ATTENDING FOR AN ADDITIONAL COST? (Based on individual workshop)	If yes, please list name:

EMAIL OR FAX REGISTRATION TO:

Renea Collins, Education Program Coordinator
renea.collins@oacp.org
614-761-9509 fax