



Ohio Association of Chiefs of Police

EDUCATION WORKSHOP REGISTRATION

ATTENDEE INFORMATION

Today's Date _____

Workshop Name
(Executive Development for Chiefs
or Supervisors' In-Service) _____

Workshop Date _____

Workshop Registration fee _____

PO # (if available) _____

Full Name & Rank
(CLEE graduate if applicable) _____

Department _____

Address _____

Email _____

Phone _____

Send Invoice ATTN to _____

Are you or your Chief an OACP member?
(If so, ALL departmental staff qualify for the member rate)

YES NO Interested, please send information YES NO

ADDITIONAL INFORMATION

DO YOU NEED OVERNIGHT LODGING? (Executive Development for Chiefs or Supervisors' In-Service)		YES	NO
WILL A GUEST/SPOUSE BE ATTENDING FOR AN ADDITIONAL COST?	If yes, please list name:		
DO YOU HAVE ANY SPECIAL DIETARY NEEDS?			

EMAIL OR FAX REGISTRATION TO:

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