



Ohio Association of Chiefs of Police

EDUCATION WORKSHOP REGISTRATION

YOU CAN ALSO REGISTER ONLINE AT [HTTPS://OACP.ORG/TRAINING-SCHEDULE/](https://oacp.org/training-schedule/)

ATTENDEE INFORMATION

Today's Date _____

Workshop Name _____

Workshop Date

Will you be attending the
workshop In-Person or via
Live Stream?
(IF APPLICABLE)

In-Person

☐

Live Stream

☐

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 ONLY)

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