



OACP Education Workshop Registration

Online registration at www.oacp.org

Attendee Information

Today's Date _____

Workshop Name _____

Workshop Date _____

Circle how you will be attending the workshop below:

In-Person

Live Stream

Is your Chief a current OACP Active member?

(If so, ALL departmental staff qualify for the member rate)

YES

NO

Workshop Registration fee _____ PO # (if available) _____

Rank _____

First Name & Last Name
(CLEE graduate if applicable) _____

Department _____

Address _____

Phone _____

Email
(We request that you forward this to the appropriate person for payment) _____

ATTN Invoice _____

****CHECK PAYMENTS ONLY PLEASE****

THANK YOU