



# OACP Education Workshop Registration

*\*When rendering payment online or by check, you must include your Invoice #  
(To pay online, visit the "Payment Center" tab on the OACP website)*

## Attendee Information

Today's Date \_\_\_\_\_

Workshop Name \_\_\_\_\_

Workshop Date \_\_\_\_\_

**How you will be attending the workshop?** **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 \_\_\_\_\_

# THANK YOU