



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 (To be completed per person for each workshop)

Today's Date _____

Workshop Name _____

Workshop Date _____

How will you be attending the workshop? In-Person Live Stream

Is your Chief a current OACP Active member? Yes No
(If so, ALL departmental staff qualify for the member rate)

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