

# Public Safety Volunteer Institute

31566 Railroad Canyon Road Suite 2, PMB 112, Canyon Lake, CA 92587-9446  
Tel: 951-279-6893 Fax: 951-279-1915 web: www.psvi.org afemister@psvi.org  
**June 13 & 14, 2017 Two-Day S. CA Workshop Registration Form**

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Department or Agency Name: \_\_\_\_\_

Primary contact person for billing, etc: \_\_\_\_\_

Mailing address for sending Confirmation(s): \_\_\_\_\_

Mailstop/room: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary e-mail address of person registering: \_\_\_\_\_

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Person Attending: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Person Attending: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Person attending: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Person attending: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Two-Day Workshop, "How to Recruit, Manage, Reward and Retain Public Safety Volunteers"**

\_\_\_\_\_ 1 \$345.00 \_\_\_\_\_ 2 - 3 \$325.00 Each \_\_\_\_\_ 4 Plus \$300.00 Each

**Total Amount Due:** \_\_\_\_\_

**(Please mail checks to the above address OR include your credit card info with your fax copy)**

**Workshop(s) Dates and Location Selected: June 13 & 14, 2017, Seal Beach, CA**

**A confirmation with additional information will be e-mailed upon receipt of this registration form.**

**Two-day Class hours are from 8:30am to 4:30pm each day with a one hour lunch break.** Attendees are responsible for their meals, accommodations & travel to and from the workshop, etc. If staying overnight, ask for the PSVI or Government Workshop Rate when contacting the hotel.

\_\_\_\_\_ **Name of Officer/Agent** \_\_\_\_\_ **Signature**

As an authorized agent for the above named department, I hereby request the individual(s) listed above be enrolled in the workshop(s) noted on the dates above. I understand full payment is required to guarantee enrollment however the individual(s) listed will be registered, pending receipt of payment or other arrangements.

**Please make your check payable to: Public Safety Volunteer Institute**

### **OPTIONAL CREDIT CARD PAYMENT INFORMATION**

**Credit Card Type: (Circle One)**

**MasterCard**

**Visa**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

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**Cancellation Policy:** Once enrolled, cancellations may be accepted one week prior to the class date with a full credit or refund. Cancellations within one week of the class date will receive a full credit towards any future class at any location. No Shows with no notice are responsible for payment in full with a class credit.  
2017 S CA SB WS Reg Form