



Training Registration Form

Course Information

Course Name: _____ Course Date: _____

Student Information

Last Name: _____ First Name: _____

Date of Birth: _____ TCOLE P.I.D. #: _____

Contact Phone #: _____

Affiliation Information

Agency Name: _____ Position/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

All course registration forms should be emailed to the instructor listed on the training announcement flyer.

Payments for courses should be mailed to the following address or brought to the class by the attendee:

**Conroe ISD Police Department
ATTN: TRAINING DIVISION
2900 N. Loop 336 E.
Conroe, Texas 77301**