



REGISTRATION FORM

Homeland Security Management Institute

Presents Seminar

Active Shooter Intermediate

Tuesday, March 13, 2012

9:00am – 11:30am

Public Safety Training Facility (PSTF)

Room 117

Please complete the information below and send along with **your payment of \$49.00** (Please make check payable to **Monroe Community College**) Mail to:

**Homeland Security Management Institute
 Monroe Community College
 1190 Scottsville Road, Suite 100J
 Rochester, New York 14624
 Attention: Sheila Manns**

Student Name:	Please Print	
Permanent Address:		
City, State and Zip:		County:
Home Phone:		
Signature:		

Organization:	
Business Address:	
City, State and Zip:	
Position Title:	
Business Phone:	
Email:	



Credit Card Payment Form

Billing/Credit Card Holder's Information (required)

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Country: _____

Daytime Phone: _____

Credit Card (required)

Credit Card Number: _____ - _____ - _____

Amount Charged: \$ _____

Credit Card Type: **VISA** **MASTERCARD**

Expiration Date: **Month:** _____ **Year:** _____

Card Holder Name (please print): _____

Card Holder Signature: _____

Authorization (Please make sure signature is legible)

Date: _____

Office Use Only	
Acct: 11001-P040-54202	Payment for: HSM 152 Active Shooter Intermediate