



## REGISTRATION FORM

**Homeland Security Management Institute**  
*Presents*

### ***Civilian Safety Awareness Program***

Tuesday, June 28, 2011

6:00 pm to 9:00pm

Public Safety Training Facility (PSTF)

1190 Scottsville Road, Rochester, NY 14624

Room 117

Please complete the information below and send along with your payment of **\$65.00**. For **credit card payments** please complete the attached form. (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**

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

<b>Organization:</b>		
<b>Business Address:</b>		
<b>City, State and Zip:</b>		
<b>Position Title:</b>		
<b>Business Phone/Fax:</b>	<b>Phone#:</b>	<b>Fax#:</b>
<b>Email:</b>		



## 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 Cards Accepted:

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	
Account No. 11001- P040-54202	Payment for: HSMI 161 CSAP
	1190 Scottsville Road · Rochester, NY 14624 · 585.753.3921 · Fax: 585.753.3851