



ALERT Training Registration



Location of Training Facility/Department			
Course Title	Begin Date	End Date	

Individual Information:

Last Name	First Name	Middle Name	Maiden/Former Name

Tee Shirt Size	DOB (MM/DD/YYYY)	Gender	Previously registered?
		M F	Yes No

Street Address	City	State	County	Zip Code

Email	Cell Phone Number	Work Phone Number

PSAP/TCC or Agency:

Department sending you for training	Head of Agency

Email	Cell Phone Number	Work Phone Number

Acknowledgments:

Course Withdrawal Policy: Students who register for courses and fail to attend will be charged the full registration fee. To receive a full refund, all cancellations or withdrawals must be received in writing to (ALERT@al911board.com) at least two weeks prior to the beginning of class. Students will receive full refunds for courses canceled by ALERT.

By checking this box, I acknowledge I have read and understood the Course Withdrawal Policy.

Prerequisite Requirements: Courses may have prerequisites that include either certification or proof of training. Forward all required certificates or proof of training with this registration form. Students not meeting prerequisite requirements will not complete the course. Students not completing all requirements could receive a Certificate of Attendance only.

By checking this box, I acknowledge I have read and understood the Prerequisite Requirements.

Photo Release Statement: I hereby authorize ALERT to use, reproduce, and/or publish photographs and/or video that may pertain to me, including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related marketing endeavors. This material may also appear on the ALERT website and other related social media sites. This authorization is continuous and may only be withdrawn by my specific revocation of this authorization in writing. If I do not wish to agree to this release statement, I will alert my instructor at the beginning of the class as such.

By checking this box, I acknowledge I have read and understood the Photo Release Statement.

(Signature) I attest that the above is true and accurate.

Date

ALERT

Method of Payment

Payment is required at the time of registration.

Questions? Call us at:

Send registration form and accompanying documents via:

- EMAIL: ALERT@al911board.com
- MAIL: ALERT Training
P.O. Box 1790
Montgomery, AL 36102

FREE COURSE

Cash

Check (driver's license & phone number are required)

Money Order

Purchase Order (a copy of the purchase order must be submitted to finalize registration)

Credit Card (please fill out card information below)

Cardholder name _____

Type: Visa MasterCard Discover American Express

Number _____ - _____ - _____ - _____

Exp. Date _____ Billing zip code _____

Company/department _____

Address _____

City, state, zip code _____

Phone number _____