EVOLUTION ORDNANCE AND CONSULTING LLC

TRAINING COURSE REGISTRATION FORM

Courses are limited in size. Slot confirmation will be provided via email upon receipt and approval of completed course registration paperwork.

Course Name:						
Course Date:	Course Location:					
First Name:	Last Name:					
Agency/Company:			 			
Address:						
City:		State:		_Zip Code	ı:	
Phone:		Email	$\Delta \perp$			
Payment (Circle	one): Cash	n /	Check	/ M	loney Ord	der
Payment Enclose	d (Circle one):	Yes	/ NO			
**Please mail thi	s registration fo	orm to the	address:	listed bel	ow or vi	sit our

Payments Due by the date course will begin

website and register online for a faster response. However payments for course

tuition will still need to be mailed in.

Evolution Ordnance and Consulting LLC P.O. Box 779 Clarks Summit, PA 18411 Phone: 570-878-0714 / Fax: 570-587-1266

Email: evolutionordnance@aol.com Web: www.evolutionordnance.org