Retrainer Registration October 17-18, 2012

NAME:		
AGENCY:		
	E-MAIL:	
GRADUATE	OF FBI NATIONAL ACADEMY?YES (Ses	sion #)NO
YES!	I WILL ATTEND THE WEDNESDAY SC	DCIAL #
Training:	# Members x \$75 each	Amount:
	#Non-members/guests x \$85 each	Amount:
TOTAL DUE:		Amount:
Payment end	losed: Pay at door:	
	FIONAL REGISTRATIONS FROM A SIN NEXT PAGE!	IGLE AGENCY, PLEASE
Credit card number		Exp. Date
Name as it a	ppears on card	CVV
Billing addres	SS	
City, State, Z	ip	
DEADLINE I	FOR REGISTRATION IS THURSDAY, OCTOB	ER 11 th .
TAX ID NUM	s payable to FBINAA-NM BER: 85-0434320 Number: 0000051784	
Mail to:	FBINAA-NM, c/o Steve Cox 10932 Farola Dr. NW Albuquerque, NM 87114-5598	
E-mail to:	fbinaa.nm@gmail.com	
Fax to:		
1 dx t0.	505-212-0441	

ADDITIONAL REGISTRATIONS FROM A SINGLE AGENCY

NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν
NAME:		
NA MEMBER?	Y	Ν