Kansas City Metro Tactical Officers Association
Conference Registration Form

Course					
Date					
Location					
Agency Attending					
Agency Point of Contact				**Phone #**	
POC Email Address				**Fax #**	
Cost per person		**Total Attending**		**Total Cost**	

This registration form is to be used for KCMTOA classroom presentations and conferences only.

Any practical application courses require an individual Registration/Waiver Form for each participant.

Rank	Name

This is to certify that the above listed officers are authorized by his/her agency to attend this training and are covered by Worker's Compensation Insurance in the event that they are injured while attending this training session.

_____ _____

PRINTED NAME OF SUPERVISOR **SIGNATURE OF SUPERVISOR**

Date this_____ day of _____, 20___

MTOA ADMIN USE ONLY

Date received _____ *Date notified* _____

Amount received _____ *Amount returned* _____