



## LODGING REGISTRATION FORM

Name \_\_\_\_\_ Rank \_\_\_\_\_

Agency \_\_\_\_\_

Address/State/Zip \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Lodging (Perry, FL facility only): \_\_\_\_\_ Number of Nights (\$60/night)

DOC. NO.: TRF1-15  
DATE: 09/06/2023  
Rev.: 003

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850)223-1911 (fax)          training@pacem-solutions.com (email)

All information is required. A registration must be filled out for each individual registrant. Registration must be received 5 weeks prior to the first day of class. A purchase order, if applicable, should accompany this registration form. Any cancellation must be received 30 days prior to the course. Any cancellation after this period will incur the full cost of the registration, unless otherwise approved by ALS/PACEM Defense.

**FOR OFFICIAL USE ONLY**

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Entered by \_\_\_\_\_ Sales Order # \_\_\_\_\_

4700 PROVIDENCE ROAD  
PERRY, FL 32347