



## Armored Vehicle Operations Registration Form

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

Agency \_\_\_\_\_

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

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

Email \_\_\_\_\_

Class Name \_\_\_\_\_

Class Location \_\_\_\_\_

Class Dates \_\_\_\_\_

Course Cost: \$475

Lodging (Perry, FL facility only): \_\_\_\_\_ Number of nights @ \$45/night

Please return form to:

ALS / PACEM 4700 Providence Road Perry, FL 32347

(850) 838-8424 (fax) training@pacem-solutions.com (email)

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05/12/21  
Rev 000

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 calendar days prior to the course start date. 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