

# Bevel, Gardner & Associates Inc.

*A forensic education and consulting group.*

www.bevelgardner.com



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Kim Duddy  
Ken Martin  
David Dustin

## Course Registration

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Registrants email address: \_\_\_\_\_

Training Coordinators email address: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please accept this registration as my intent to attend the following course:*

Class: \_\_\_\_\_

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

Location: \_\_\_\_\_

### Method of Payment:

Check sent before class: \_\_\_\_\_

P.O. # sent before class: \_\_\_\_\_

Credit card payment – Name on CC \_\_\_\_\_

CC#: \_\_\_\_\_

Expiration: \_\_\_\_\_

3 Digit security number: \_\_\_\_\_

*\* \$100 cancellation fee without 10 day notice*

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