



REGISTRATION FORM
TRAINING OFFICERS CONSORTIUM
September 2009 - June 2010

Full Name: _____

Agency/Business: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-Mail _____

Category: (Check ONE): _____ Federal Employee _____ University _____ Vendor _____ State

_____ Other (Explain) _____

How did you learn of TOC: (*New Registrants ONLY*):

Individual (Name) _____

Organization: (Name) _____ Web Site: _____ Article: _____

May we list your info in the TOC On-line Directory: _____ YES _____ NO

List any additional co-workers e-mail addresses to receive mailings _____

Are you interested in an Enhanced Listing in TOC's On-line Directory? _____ YES _____ NO

Check applicable line:

_____ Purchase order enclosed (2009-2010 fee is \$1195)
(TOC Taxpayer Identification Number: 52-1756128)

_____ Check Payable to TOC for \$1195 is enclosed

_____ Charge to my: _____ Visa _____ Mastercard

Card #: _____ Exp. Date: _____

Signature: _____

_____ Electronic Funds Transfer to TOC Please contact us at:
202-973-8683 - phone / toc@courtesyassoc.com - e-mail

To register, mail or fax this form and your method of payment to:
Training Officers Consortium
2025 M Street, N.W. Suite 800, Washington, D.C. 20036
Phone: 202-973-8683 Fax: 202-331-0111
E-mail: TOC@courtesyassoc.com

Note: Registration is for September 2009 - June 2010, and expires with program in June. **A separate registration is required for the Institute.** Materials will be mailed in February 2010.

TRAINING OFFICERS CONSORTIUM - SINCE 1938