



REGISTRATION FORM  
TRAINING OFFICERS CONSORTIUM  
September 2011 - June 2012

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

Agency/Business: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Category:** (Check ONE): \_\_\_\_\_ Federal Employee \_\_\_\_\_ University  
\_\_\_\_\_ Vendor \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

**New Registrants ONLY:** How did you learn of TOC?

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 (2011-2012 fee is \$1,395)  
(TOC Taxpayer Identification Number: 52-1756128)

\_\_\_\_\_ Check Payable to TOC for \$1,395 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](mailto:toc@courtesyassoc.com) – e-mail

To register, mail 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](mailto:TOC@courtesyassoc.com)

**Note:** Registration is for September 2011 - June 2012, and expires with program in June.  
**A separate registration is required for the Institute.** Materials will be mailed in February 2012.

**TRAINING OFFICERS CONSORTIUM - SINCE 1938**