



Course Registration Form

National Security Associates
1222 Broadway, Suite 104, Columbus, GA 31901
Tel.: (877) 832-6672 Fax: (866) 455-3798



Printable Registration Form

Course: Title _____ Course Date _____

Course Location: City _____ State _____

Please indicate how you heard about the course(s):

- | | | | |
|--|---|----------------------------------|--|
| <input type="checkbox"/> Training Office | <input type="checkbox"/> teamnsa.com | <input type="checkbox"/> Catalog | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Broadcast Fax | <input type="checkbox"/> policetraining.net | <input type="checkbox"/> Website | <input type="checkbox"/> Alumni |

Name: Last _____ First _____ Middle Initial _____

LEA Agency/Military Unit: _____ Rank/Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Tel.: Work _____ Fax _____

Home _____ Cell _____

Agency E-Mail: _____ Home E-Mail _____

I have enclosed a Check / Draft / Visa / Master Card / Purchase Order in the amount of \$ _____ which represents payment in full for said training program. If for any reason this registration is not accepted or the course is cancelled, said amount will be promptly refunded. In the event it becomes necessary to cancel my reserved place in the program, I understand that I must make such cancellation in writing to NSA at least 7 calendar days prior to the 1st day of the scheduled training program. **IMPORTANT.** To be officially registered at NSA and assured of a place in the requested course, this application, a P.O. (Purchase Order), a substitute payment or a letter stating the intention to attend must be received as early as possible by the Training Administrator at NSA. After receipt of registration form, NSA will provide confirmation to the attendee.

Payment Method:

- Check Enclosed / Check Number _____
- Government Purchase Order Number: _____ (Please Include Purchase Order)
- VISA - Exp. / Date □□ / □□ Credit Card Number : _____
- MasterCard - Exp. / Date □□ / □□ Credit Card Number : _____
- Security Code □□□ (three digit number on back of card)

Name on Credit Card: Printed _____ Signature _____

Billing Address _____

Billing Zip Code _____ Billing Tel. No _____

INDIVIDUAL AFFIRMATION:

I hereby register for enrollment in the _____ NSA Course as a representative of _____ Department/Agency. I affirm that I am an active (official title including rank) _____ currently assigned law enforcement or military duties, which require knowledge of tactical or technical surveillance duties. I will abide by any and all safety procedures required by NSA, and I agree upon my arrival to complete, sign, and understand a Release and Indemnification Agreement releasing NSA from liability for any injury I may sustain or cause during my training. _____ (Signature).

SUPERVISOR CERTIFICATION:

It is certified that said registrant is an active, career member of the _____ (name of department or agency), and has a requirement to use tactical or technical surveillance equipment and techniques in the performance of official duties. Also, the individual has an exemplary personal background and professional record. Upon completion of training, this department assumes responsibility for the legal and proper use and application of the knowledge and skill required by said registrant through such training, and agrees to assume ownership of and responsibility for the legal and proper use of any restricted publications or other materials furnished by NSA as course material. The Department agrees to indemnify, to save and hold NSA harmless of and from any and all claims, loss, damage, judgment or expense, including attorney's fees and investigative and court costs, in any way incurred or claimed by any person whomsoever to have arisen out, or claimed to have been sustained, directly or indirectly, by reason of any training or instruction provided by NSA during said Training Course, or the training and reference material distributed by NSA during the course thereof.

Upon acceptance by NSA, this Registration shall become a contract between this Department and NSA for such training and the use of such specialized equipment as may be required to conduct such training of personnel of this Department under the provision of 18 U.S.C.A. 2512 and the laws of the State of Georgia. **This Department does hereby confirm and certify that instruction of officers of this Department upon subjects and matters described in the NSA Course Descriptions on the training pages at www.teamnsa.com, which has been reviewed by this department, will violate no law of this state and will not result in instruction in relation to any activity prohibited by law.**

Printed Name _____ Title _____ Department _____

Signature _____ Date ___/___/___ Telephone Number _____