

Defensive Training Concepts, Inc.

2010 Course Registration Form

Name: _____ Phone (day): _____ (evening): _____

Address: _____ Email: _____

Course Location: _____ Date(s): _____

Please select the course from the list below:

Course	Tuition	Course	Tuition
Basic Handgun Safety	\$75	Kubotan	\$75
Introductory Handgun	\$75	Oleoresin Capsicum (OC)	\$75
Intermediate Handgun (30 hours)	\$450	Expandable Baton	\$75
Advanced Handgun (30 hours)	\$450	Selective Fire (20 hours)	\$325
Patrol Rifle / Carbine (22 hours)	\$325	Taser (specify course) LE / Citizen	\$150
Tactical Shotgun (20 hours)	\$325	Glock Maintenance Course	\$125
Precision Rifle (20 hours)	\$325	Utah Permit Training	\$75
NRA Course (specify course below)	\$ _____	Other Course (specify course below)	\$ _____

Total Enclosed \$ _____

Some courses have multiple start times in a given day. Please indicate the time slot desired: _____

Payment in full is required before the start of the course. To reserve your seat in the course, you may register by sending the full course tuition, or, for courses over \$100, a minimum of 50%. The deposit is not refundable if you do not show up for the course. If DTC, Inc. is forced to cancel a course, a refund in full will be provided. If DTC, Inc. is forced to reschedule a course and you cannot attend on the new date(s), a refund in full will be provided. You may contact us via phone at 540-414-5449.

Send this completed form along with course deposit to: Defensive Training Concepts, Inc., PO Box 841, Verona, Va., 24482. Please make your check or money order payable to Defensive Training Concepts.

===== Reserve by Credit Card =====

If reserving a seat with a credit card, you may send this completed form to registration@dt-concepts.com. You may also reserve a course seat with a credit card and pay with cash or check when you arrive at the class. Please select your payment preference below. Note there is a 5% processing fee for all credit card transactions.

Please reserve my seat with credit card. I will pay in cash the day of the class and avoid the processing fee.

Please charge my credit card for the course. I understand there will be a 5% credit card processing fee.

Visa
 Master Card
 Discover

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ CCV: _____

Cardholder billing address, if different from above: _____

Signature: _____ Date: _____