

IPPAC/Judson University Training Registration Form

Please print clearly, complete all fields necessary, and mail with check (made payable to **Judson University**) to:
Leadership Development Group
Judson University
Box 11003
1151 North State Street, Elgin, IL 60123

| Participant #1 | | | |
|---|--|---------------------|--|
| *Participant Name: | | | |
| Participant IPPAC Member #: | | *Fire/Police? | |
| *Participant E-mail: | | | |
| *Participant Address: (Only for New Member Training) | | | |
| *Participant Training: | | *Participant Total: | |
| Participant #2 | | | |
| *Participant Name: | | | |
| Participant IPPAC Member #: | | *Fire/Police? | |
| *Participant E-mail: | | | |
| *Participant Address: (Only for New Member Training) | | | |
| *Participant Training: | | *Participant Total: | |
| Participant #3 | | | |
| *Participant Name: | | | |
| Participant IPPAC Member #: | | *Fire/Police? | |
| *Participant E-mail: | | | |
| *Participant Address: (Only for New Member Training) | | | |
| *Participant Training: | | *Participant Total: | |
| Participant #4 | | | |
| *Participant Name: | | | |
| Participant IPPAC Member #: | | *Fire/Police? | |
| *Participant E-mail: | | | |
| *Participant Address: (Only for New Member Training) | | | |
| *Participant Training: | | *Participant Total: | |
| Payment Information | | | |
| *Name/Company on check: | | | |
| *Phone number of contact person regarding payment: | | | |
| **E-mail address to send receipt: | | | |
| *Check #: | | *Check Amount: | |

*Required information. **E-mail address is required for receipt.
 Any questions please contact Josh Brunsting: LDG@judsonu.edu, 847-628-1550.