



SIMUMINATION®

SCENARIO INSTRUCTOR & SAFETY CERTIFICATION

COURSE REGISTRATION FORM

Name: _____ Unit/Agency: _____

Address: _____ City: _____

Province/State: _____ Postal/ZIP Code: _____ Ph. #: _____

Fax: _____ email: _____ Duty Firearm: _____

Method of Payment: Visa/MC _____ Exp.Date: _____
 Cash/Cheque (make cheque payable to **Setcan Corporation**)
 Purchase Order (please fax PO to Setcan)

Shirt Size: M L XL XXL

Cancellation Policy: Full refund for cancellations prior to 30 days. No refunds within 30 days of course.

Course Dates: February 18 - 20, 2014

Location: Setcan Training Centre
1080 Kingsbury Ave.
Winnipeg, MB R2P 1W5

Course Host: Setcan, Ph. (204) 336-0011

NOTE:
Please complete one registration form for EACH participant from your agency and FAX completed form back to Setcan Corporation at 204-586-2049. If you have any questions about this course contact Rory Bochinski, Setcan Corporation, 1-866-353-5055 or email rbochinski@setcan.com. Course limited to 22 participants.

The Company Dedicated to Officer Safety/Defensive Tactics Instructors, Instructor Trainers and Master Instructors.



Setcan Corporation, 1080 Kingsbury Ave., Winnipeg, Manitoba, R2P 1W5,
Ph. (204) 336-0011 Fax (204) 586-2049 Email: info@setcan.com

www.setcan.com