



**PUBLIC SAFETY SERVICES TRAINING REGISTRATION FORM**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Indicate Class Information**

Course Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Start Date: \_\_\_\_\_

**Individual Self Pay or Agency Credit Card Billing Information**

TOTAL \$: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_ DISC: \_\_\_\_\_  
Name on card: \_\_\_\_\_  
Agency or Department Name, if applicable: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Exp: \_\_\_\_\_ CVV: \_\_\_\_\_  
Email to send receipt: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agency Billing Information Only if paying with Purchase Order:**

Agency or Department: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_  
Email to send invoice: \_\_\_\_\_ Phone: \_\_\_\_\_  
Check appropriate fees agency will pay for: *Course Fee:* \_\_\_\_\_ *Books/Materials:* \_\_\_\_\_  
P.O. # (Please attach copy of purchase order): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**TO REGISTER:**

Email:  
[Jacksonc@greatoaks.com](mailto:Jacksonc@greatoaks.com)

Public Safety Services  
200 Scarlet Oaks Drive  
Cincinnati, OH 45241

Phone: 513-771-1142  
Fax: 513-771-0781