

COURSE REGISTRATION REQUEST

KFH & Associates Consulting, Inc.

1507 E. 53rd Street, Suite 410

Chicago, Illinois 60615

(773) 875-4557 Office

(773) 288-3174 Fax

www.KFHtraining.com

Name:

Date:

Address:

Account:

Branch:

Phone #:

Acct Mgr:

Pager/Cell #:

Phone #:

E-mail Address:

Fax #:

SS #: (last 4)

Employee #:

Course Name	Course #	Start Time	End Time	Day	Date

(Employee Signature)

(Account Manager, Please Print)

(Date)

(Account Manager Signature)

KFH & Associates Consulting, Inc. Courses are designed for all Security, Safety, Protective Services and Law Enforcement professionals. Individual certificates are awarded upon successful completion of all courses and tests for the category/classification selected (i.e. City of Chicago Firearms Permit, Work zone Flagger, CPR, First Aid & AED, Basic 20 Hour Unarmed Security Certification, 20 Hour Armed Security Certification, Advanced Security Officer, Basic Supervisor and Site Supervisor/Management).

Casual dress is required, such as comfortable shoes, trousers, khakis or business casual (jeans are optional; please no shorts, sweats, t-shirts, etc.) After completing the above information and upon receiving signed approval from your Account Manager or Attendee at least a week in advance of the course, email (a_kinard@yahoo.com, akinard@KFHtraining.com) or fax this form to the training department **(773) 288-3174**. You will be notified via telephone to confirm receipt of your registration. Employees canceling their attendance are required to contact our Training Manager within 48 hours prior to the course start date. **We Look Forward To Seeing You!**

DO NOT WRITE BELOW THIS LINE

ACADEMY USE ONLY

Date received: _____

Receipt Confirmation: Left Message _____ Spoke w/ _____

Confirmed By: _____ Date: _____

Attendance Confirmation: Home ___ Account ___ Mail ___ Fax ___ E-mail _____

Confirmed By: _____ Date: _____ Time: _____