



OHIO CRIME PREVENTION ASSOCIATION 2009 CRIME PREVENTION TRAININGS REGISTRATION FORM

NAME _____

TITLE _____

AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____ (Required)

TRAINING ATTENDING

Name of Training _____

Date of Training _____

Location of Training _____

- PAYMENT:** Invoice Organization
 Check Enclosed (*payable to: Ohio Crime Prevention Association*)

CANCELLATION POLICY: TEN (10) days prior to the class date.

MAIL OR FAX REGISTRATION TO:

Ohio Crime Prevention Association
P. O. Box 857
Phone: (614) 389-2406 Fax: (614) 389-2474
Web Site: www.ocpa-oh.org

Shaun Campbell, Executive Director shaun.campbell@ocpa-oh.org
Brenda Kuba, Membership Director brenda.kuba@ocpa-oh.org