



Emergency Services Training Course Enrollment Form

INFORMATION

Student Name _____ Title/Rank _____

Agency _____ E-mail _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Alternate Number _____

Agency Contact _____ Agency Contact Number _____

COURSE INFORMATION

COURSE NAME	COURSE CODE	COURSE DATE	COURSE TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BILLING INFORMATION

- Bill Agency (Net 45 Days) Chief/Training Officer Signature _____
- Check Enclosed Check Number _____
- MasterCard Card Number _____
- Visa Expiration Date _____
- Discover Authorized Signature _____

CANCELLATION POLICY: Class reservations may be cancelled up to 7 calendar days prior to the first day of class with a 100% refund, less than 7 days, but prior to the first day of class with a 50% refund, on the first day of class with a 0% refund. All "no shows" will be charged full price. Please include the registered person's name, course name and date, your signature and date.



POLICE – FIRE – EMS Combined Regional Emergency Services Training Oakland Community College



CREST Training Office
2900 Featherstone
Auburn Hills, MI 48326-2845
Phone: 248.232.4211
Fax: 248.232.4377
www.oaklandcc.edu/crest

Fire Training Office
2900 Featherstone
Auburn Hills, MI 48326-2845
Phone: 248.232.4580
Fax: 248.232.4095
www.oaklandcc.edu/firescience

EMS Training Office
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Phone: 248.232.4090
Fax: 248.232.4095
www.oaklandcc.edu/emt

Police Training Office
2900 Featherstone
Auburn Hills, MI 48326-2845
Phone: 248.232.4220
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