



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 until 5 days prior to the start date of the class without penalty. All "no shows" will be billed for the class. Once the class begins, no refunds will be made.



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
2900 Featherstone
Auburn Hills, MI 48326-2845
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
Fax: 248.232.4225
www.oaklandcc.edu/police