

Emergency Services Training Course Enrollment Form

INFORMATION					
Student Name			Date of Rinth		
Agency		_ Emaii _			
Address					
City		_ State	ZIP		
Phone Number Alte		_ Alternate	ernate Number		
Agency Contact		_ Agency	ency Contact Number		
COURSE INFORMATIO	N				
COURSE NAME	_		COURSE DATE	COURSE TIME	
				_	
				_	
				_	
	•				
BILLING INFORMATIO	N				
Bill Agency (Net 45 Days)	Chief/Training Officer Signature				
☐ Check Enclosed	Check Number				
☐ MasterCard	Card Number				
☐ Visa	Expiration Date		Card Security	Code	
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. Students are responsible for amounts not covered by third party sponsors or departments unwilling to satisfy the invoice.



POLICE - FIRE - EMS - 911

Combined Regional Emergency Services Training Oakland Community College



www.oaklandcc.edu/crest/

CREST™ Training Office 2900 Featherstone Auburn Hills, MI 48326-2845 Phone: (248) 232-4211 Fax: (248) 232-4377

Fire Training Office 2900 Featherstone Auburn Hills, MI 48326-2845 Phone: (248) 232-4580 Fax: (248) 232-4095

EMS Training Office 2900 Featherstone Auburn Hills, MI 48326-2845 Phone: (248) 232-4583 Fax: (248) 232-4095

2900 Featherstone Auburn Hills, MI 48326-2845 Phone: (248) 232-4220

Fax: (248) 232-4225

Police Training Office