



Lynx Security Group

16701 Melford Blvd, Suite 400
Bowie, MD 20715

Training Registration Form

NAME: _____
(First) (Middle Initial) (Last)

TITLE/RANK: _____

DEPT/AGENCY/JOB: _____

DEPT OR PHYSICAL ADDRESS: _____

(Street) (City) (State) (Zip)

(Area Code) (Telephone Number)

(E-mail address)

Please enroll me in the following LSG Training Course: _____
to be held at _____ on Date: _____

PAYMENT METHOD Cash Money Order Purchase Order Cashier's
Check Credit/Debit Card (a secure payment link will be sent via Square)

I have enclosed a cashier's check/money order/purchase order in the amount of \$ _____
which represents payment in full for the above training program.

OR: I will bring in cash to the office and will receive a receipt in the amount of \$ _____
which represents payment in full for the above training program.

OR: I will pay by credit/debit card and will receive a receipt in the amount of \$ _____
which represents payment in full for the above training program.

If for any reason this application is not accepted, or the program is canceled, this amount will be promptly refunded in full. In the event that it becomes necessary to cancel my reserved place in the program, I understand that there are no refunds but I may allow a qualified substitute to attend in my place at the discretion of Lynx Security Group.

SIGNATURE: _____ DATE: _____