
M.A.R.C.A.N.

Mid-America Regional Crime Analysis Network

www.marcan.org

MID-AMERICA REGIONAL CRIME ANALYSIS NETWORK Training Class Registration

NAME: _____ AGENCY: _____

JOB TITLE: _____ E-MAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Phone: () - Cell: () - Fax: () -

Class for which you are registering:

Name of class: _____

Date of class: _____

Location of class: _____

Fee for class: _____ If MARCAN Member, check here:

IMPORTANT – READ THIS!!!

“I understand that upon submission of this registration form, I am responsible for the fee(s) associated to this class. Should I need to cancel my registration, I understand that I must contact the Training Coordinator or, if unable, the President of MARCAN, to request a cancellation. I must receive an email confirmation that my cancellation request has been received and granted. **I understand there are no cancellations less than 24 hours prior to the training event.** If I do not provide a proper cancellation or do not show for this event, I **will pay** the fee associated to my registration. Substitutions **are** allowed at all times. I understand this is ultimately my responsibility and not the responsibility of my agency, entity or corporation.”

Initial Here _____

Please Fax form to: Attn: Jennifer Dachenhausen 816/325-7002 or e-mail it to jdachenhausen@indepmo.org

You may mail payment to:

Independence Police Department

Attn: Jennifer Dachenhausen

223 N. Memorial Drive

Independence, MO 64050