



## REGISTRATION FORM

SWAT DOG SEMINAR INSTRUCTED BY  
LANE CRITSER  
APRIL 28 - 30, 2009

*(please note we must have payment prior to OR the first day of seminar to attend)*

### **PLEASE PRINT**

HANDLER NAME: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

DEPARTMENT ADDRESS: \_\_\_\_\_

DOG NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

DEPARTMENT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PLEASE SEND A CHECK for \$450.00**  
**PAYABLE TO: COLORADO POLICE K-9 ASSOCIATION**

**MAIL TO:**  
**BRAIN LAAS**  
**COLORADO POLICE K-9 ASSOCIATION**  
**P.O. BOX 6068**  
**BROOMFIELD, CO 80021**