



**FactualDiagrams.com**  
 Providing Quality Forensic Mapping Training  
 Training Registration Form



Course Location: \_\_\_\_\_ Course Dates: \_\_\_\_\_

<b>Course:</b> <input type="checkbox"/> ACTAR Exam Prep Course (32 hours) <input type="checkbox"/> CDR Technician Course, Level I (8 hours) <input type="checkbox"/> CDR Technician Course, Level II (4-8 hours) <input type="checkbox"/> CrashZone™/CrimeZone™ – Basic/Intermediate (40 hours) <input type="checkbox"/> CrashZone™/CrimeZone™ - Advanced (24 hours) <input type="checkbox"/> Forensic Mapping Course (40 hours) <input type="checkbox"/> Forensic Mapping - Advanced (24 hours) <input type="checkbox"/> Specialized Course _____		<b>Payment Method:</b> <input type="checkbox"/> Cash enclosed <input type="checkbox"/> Check # _____ enclosed <input type="checkbox"/> Purchase order # _____ enclosed <input type="checkbox"/> Paid online with credit card, receipt enclosed
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**Course Fees:**

The course fees for the classes that are currently offered are listed on our website. The course fee includes tuition, a student manual, and additional handout materials as needed.

Due to the limited seating in our classes, we must receive full payment, or a copy of your Government purchase order to guarantee your seat in our course. Full payment must be received no later than 14 days prior to the first day of the class.

We accept cash, checks, or Government purchase orders. VISA, Mastercard, Discover, and American Express cards are accepted online only, using our secure merchant server, PayPal. We do not accept credit card numbers via fax, e-mail or phone. **Make checks payable to: FactualDiagrams.com**

Please complete the following information legibly and indicate your name as you would like it to appear on your certificate.

**Name & address:**

First: \_\_\_\_\_ Middle (initial): \_\_\_\_\_ Last: \_\_\_\_\_

Position/title: \_\_\_\_\_ Agency/company: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Student's E-mail address: \_\_\_\_\_

**Billing information (if different from above):**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I have read & agree to the refund & attendance policy posted on the FactualDiagrams.com web site

Signature: \_\_\_\_\_

Please return the completed form via: Fax - (916)290-0418  
 E-mail - training@factualdiagrams.com  
 Mail – FactualDiagrams.com  
 2351 Sunset Blvd., Ste. #170-562  
 Rocklin, CA 95765

*You must complete a registration form regardless of your payment method.*

*One form must be completed for each student, but payment can be combined.*