



Open Enrollment Course Registration Form

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

RANK, RATE, GRADE, OR POSITION TITLE: _____

UNIT, ORG, DEPT, OR AGENCY: _____

BUISNESS ADDRESS: _____

(City) (APO/FPO) (State) (Zip)

(Area Code) (Telephone Number)

(email address)

NAME & TITLE OF SUPERVISOR: _____

Please accept this registration for the following TSE, Inc. training program: _____

To be conducted at the Tactical Support Equipment, Inc. training facility at 4039 Barefoot Road in

FAYETTEVILLE, NORTH CAROLINA on: _____

Please find enclosed my check/draft/purchase order in the amount of \$_____ as payment in full for the above course. If for any reason this application is rejected, or the course is cancelled, this amount will be immediately refunded in full. **In the event that I must cancel my reservation, I understand that I must do so in writing (email is acceptable, training@tserecon.com) to TSE, Inc. no later than fifteen (15) business days prior to the start of the course in order to receive a refund.** TSE, Inc. does accept VISA, MasterCard, and Government Purchase Cards by phone. Please call Diana Porter @ 910-425-3360 with credit card information.

Do you have any previous experience related to the subject matter of this course? Y or N

Have you attended any courses with TSE, Inc. in the past? Y or N

Please provide a brief description of your present duties: _____

SIGNATURE: _____

DATE: _____

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