

Use this registration form to enroll in an S2 course as an individual student.

**COURSE REGISTRATION FORM** Fax (727) 210-0611

Return to: S2 Institute Registration, 1261 S. Missouri Avenue, Clearwater, FL 33756 • Tel. (727) 461-0066 • Fax: (727) 210-0611  
**To guarantee a seat in any S2 program, fax or mail your registration today!**

Course Title	Course Date(s)	Course Tuition
		\$US
		\$US
* All tuition rates and totals in US Dollars.		<b>Total:</b> \$US

Last Name, First Name, Middle Initial		Salutation (Mr., Mrs., etc)	Title	
Organization/Agency		Division or Department		
Mailing Address			City	State
Zip Code	Country	Telephone	Fax	
Email Address		Emergency Contact Name and Phone		

**Registration Eligibility** NOTE: All registration applicants for restricted classes are subject to identity verification.

- Are you a U.S. Citizen? \_\_\_\_\_ If NO, country of citizenship: \_\_\_\_\_
- If you are registering for a restricted class, check the box that best describes your eligibility status.
  - FL "D" License Holder    FL "G" License Holder    FL "C" or "CC" License Holder    Full-Time Security Mgmt Professional
  - Cert. Law Enforcement Officer    U.S. Government Employee    Human Resources Professional    Other: \_\_\_\_\_

**Payment Method**

- Company/Government Purchase Order No.: \_\_\_\_\_ (Private organizations must call for approval)
- Company/Agency Check (Payable to: S2 Institute) (The Institute's Federal Tax ID Number is 59-3480247)
- Credit Card (NOTE: Your card will be billed upon receipt and confirmation of enrollment.)
  - American Express    Discover    MasterCard    Visa   CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
  - Expiration Date (Mo./Yr.): \_\_\_\_/\_\_\_\_ Authorized Signature: \_\_\_\_\_

<b>INTERNAL USE ONLY</b>	Date Received	Amount Paid	Check No.	Date Entered
	Amount Due	Initials	Notes	

**WHEN YOUR REGISTRATION FORM IS PROCESSED, YOU WILL RECEIVE A CONFIRMATION BY E-MAIL.**