



## Saint Paul Police Professional Development Institute Registration Form

Course: \_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Post #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

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

Send Invoice to: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**This is an acknowledgment that the trainer is not a City of St. Paul employee, representative nor agent.**

**That the attendee assumes all personal injury liability for his/her self during any attendance at the training session or while on City property for the purpose of attending the training session.**

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

Please return to: **Saint Paul Police Department**  
**Attn: PDI**  
**367 Grove Street**  
**Saint Paul, MN 55101**  
**Office: (651) 266-5555**  
**Fax: (651) 266-5675**  
**Web: <http://www.stpaul.gov/depts/police/pdi>**