



TRILOGY

## RANGE MEDICAL OFFICER

### STUDENT APPLICATION

**Schools are limited in size. Slot confirmation will be provided via email upon receipt and approval of completed *Application* paperwork and tuition payment in full (or state or local agency P.O.).**

An incomplete *Application* will prevent enrollment consideration. Students are responsible for providing their own transportation, meals and lodging. Student cancellations made less than 10-days from the first day of school may incur a \$100 non-refundable fee. Cancellations made otherwise will receive a full refund. Trilogy Tactical is not responsible for any expenses incurred by the applicant, other than refund of tuition in the event the school is cancelled. Trilogy Tactical retains the right to accept or decline applications.

**Send Application & tuition payment, via fax or e-mail, to:**

#### TRILOGY HSE

Tactical Medicine Division

PO Box 89446 | Tampa, FL 33689

Phone: (813) 567-1099 - Fax: (866) 847-9802

**training@trilogyhse.com**

SCHOOL DATES: \_\_\_\_\_ LOCATION: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_ AGENCY E-MAIL: \_\_\_\_\_

STUDENT 1: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STUDENT 2: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STUDENT 3: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STUDENT 4: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STUDENT 5: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Tuition: \$200

Payment (circle one): Check /Money Order    Credit Card    State or local Purchase Order# : \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder's E-mail: \_\_\_\_\_

Signature for Credit Card Authorization: \_\_\_\_\_ Date: \_\_\_\_\_