

Meridian Public Safety Training Facility Registration Form

Course: _____

Date: _____

Will you need dorm space?: _____

Which dates?: _____

Participant Information:

Name: _____

Title: _____

Organization: _____

Email: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Supervisor's Name: _____

Title: _____

Approval: _____

Supervisor's signature required

Method of Payment:

Check Purchase Order # _____

To Be Invoiced

Not Applicable

Made payable to The City of Meridian

Completed registration form must be sent to:

Meridian Public Safety Training Facility
1180 Sandflat Road • Meridian, MS 39301
Phone: (601) 484-6890 • Fax: (601) 484-6895
Email: mpstf@meridianms.org