



The Koga Institute

"No Give Up"



COURSE ANNOUNCEMENT

ARREST & CONTROL TECHNIQUES

April 23 - 26, 2018 -- 7:00am - 5:00pm Daily
City of Aurora Public Safety
Training Center 25950 E. Quincy
Ave., Aurora, CO

COURSE DESCRIPTION

Officer safety course covering misdemeanor and felony subjects, safe searching, controlling and handcuffing methods. Included will be controlling violent resisters to passive resisters. A certificate of attendance will be given. Written assignment may be given as part of course requirements. **Those recertifying at same level should be prepared to take physical performance test the first 2 days and to give lecture on any part of course when called upon.**

FEE

\$500.00 (Test fee and DVD of subject matter included) , prepaid by April 10, **\$525.00** for late registration and invoices, Those who wish to attend any 3 days, may do so at **\$400.00** prepaid with no refund for missed days. Credit voucher will be given for days missed.

REGISTRATION

Register with the Koga Institute, 210 E. Fig St., #103, Fallbrook, CA 92028 - Phone (760) 723-8195, FAX (760) 723-6245 e-mail vmcalpin@kogainst.com. Please note course fee listed for prepaid vs late registrations and invoices.

COURSE MATERIALS

Notebook, pen, workout clothing, handcuffs & key. . .

INSTRUCTORS

Don Black, , and others with many years of training with the Institute

CERTIFICATION

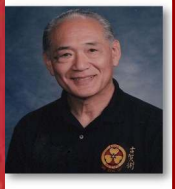
For instructor certification information, contact the Institute at above number.
Office hours are 8:30AM to 1:30PM Monday thru Thursday.

REFER TO PAGE 2 FOR REGISTRATION FORM



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REGISTRATION FORM

A.C.T. COURSE - AURORA, CO.

April 23 - 26, 2018

NAME _____ POST ID # _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

AGENCY _____ NUMBER ATTENDING _____

FEES ENCLOSED _____

HAVE YOU ATTENDED A KOGA CLASS BEFORE? _____

CHARGE MY CREDIT CARD:

NAME: _____ VISA [] MASTERCARD [] AMEX [] OTHER []

CARD NUMBER _____ EXP. DATE _____ V-CODE _____

BILLING ADDRESS FOR CARD _____

AMOUNT _____ SIGNATURE _____

RETURN REGISTRATION FORM TO:

KOGA INSTITUTE
210 E. FIG ST., #103
FALLBROOK, CA 92028
vmcalpin@kogainst.com