



The Koga Institute

"No Give Up"



SD-1 3 Day Training Seminar

Location: Arapahoe County Sheriff's
13101 East Broncos Parkway
Centennial, CO 80112

Date/Time: May 7 - 9, 2018 - 8 AM - 5 PM

**Safe & Practical
Training Methods
That Actually
Work**

SD-1 Instructor Development Course

This training course will focus on the use of the SD-1 to control a resistant subject. Course content will include the following:

- *History of the SD-1*
- *Nomenclature*
- *Advantages*
- *Legal Aspects*
- *Principle of Defensive Tactics*
- *Target Areas to strike & to try to avoid*
- *Defenses against: Punches, Grabs, Chokes & Headlocks*
- *Distraction Techniques*
- *Escort Techniques*
- *Takedowns*



This will be a no nonsense physically demanding class. Course registration starts at 0800. Students should wear loose fitting workout type clothing. Equipment needed: paper & pen/pencil, SD-1 can be purchased the day of the class (cost \$10). **Note: The price for the SD-1 is included for those attending all 3 days of the training.**

To pre-register, please contact the **Koga Institute** at vmcalpin@kogainst.com.

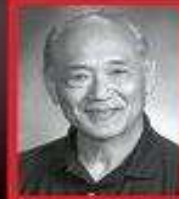
We request all payment fees be sent directly to the Koga Institute at 210 East Fig Street #103, Fallbrook, CA 92028. (office #760-723-8195, Monday thru Thursday 8:30 AM to 1:30 PM)

COST: \$270.00 (if prepaid 2 weeks prior to scheduled course date) **\$280.00** (if **NOT** prepaid 2 weeks prior). **\$90.00** per day for those attending one day for recertification or those unable to attend the entire course. If you pre-pay & cannot attend there are no refunds. You can either substitute someone to replace you or elect to receive a credit voucher toward a future 3-day course. However; if this occurs, you must notify the Koga Institute in advance as to which seminar you wish to attend. **NOTE: You have one year to avail yourself of the aforementioned.**



The Koga Institute

"No Give Up"



REGISTRATION FORM

SD-1 Instructor Development Course– Centennial CO.

May 7 - 9, 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