

Public Safety Volunteer Institute

31566 Railroad Canyon Road Suite 2, PMB 112, Canyon Lake, CA 92587-9446
Tel: 951-279-6893 Fax: 951-602-7030 web: www.psvi.org afemister@psvi.org
August 25 - 26, 2026 Two-Day S. CA Workshop Registration Form

Department or Agency Name: _____

Primary contact person for billing, etc: _____

Mailing address for sending Confirmation(s): _____

Mailstop/room: _____ City: _____ State: _____ Zip: _____

Primary Telephone number: _____ Fax: _____

Primary e-mail address of person registering: _____

Person Attending: _____ E-Mail: _____

Person Attending: _____ E-Mail: _____

Person attending: _____ E-Mail: _____

Person attending: _____ E-Mail: _____

Two-Day Workshop, "How to Recruit, Manage, Reward and Retain Public Safety Volunteers"

_____ 1 \$375.00

_____ 2 - 3 \$350.00 Each

_____ 4 Plus \$325.00 Each

Total Amount Due: _____

(Please mail checks to the above address OR include your credit card info with your fax copy)

Workshop(s) Dates and Location Selected: August 25 - 26, 2026, Huntington Beach, CA

A confirmation with additional information will be e-mailed upon receipt of this registration form.

Two-day Class hours are from 9:00am to 4:00pm each day with a one hour lunch break. Attendees are responsible for their meals, accommodations & travel to and from the workshop, etc. If staying overnight, ask for the PSVI or Government Workshop Rate when contacting the hotel. **HOTEL INFO AT: WWW.PSVI.ORG**

_____ **Name of Officer/Agent**

_____ **Signature**

As an authorized agent for the above named department, I hereby request the individual(s) listed above be enrolled in the workshop(s) noted on the dates above. I understand full payment is required to guarantee enrollment however the individual(s) listed will be registered, pending receipt of payment or other arrangements.

Please make your check payable to: Public Safety Volunteer Institute

OPTIONAL CREDIT CARD PAYMENT INFORMATION

Credit Card Type: (Circle One)

MasterCard

Visa

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Cancellation Policy: Once enrolled, cancellations may be accepted four weeks prior to the class date with a full credit or refund. Cancellations within four weeks of the class date will receive a full credit towards any future class at any location. No Shows with no notice are responsible for payment in full with a class credit.
August 2026 S CA HB WS Reg Form