**PLUS PROGRAM**

**INDIANAPOLIS / ANDERSON, IN**

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| When: | MAR. 09, 2018 | 8:30 AM – 4:30 PM |
| Training:  Lodging: | **Madison County Youth Center**  **3420 Mounds Road**  **Anderson, IN 46017**  Holiday Inn Express & Suites  6720 S. Scatterfield Road  Anderson, IN 46013  TEL: 765-779-0111 |  |
| NO BLOCK ROOMS RESERVED | | |
| Cost: | **$250.00 per participant** |  |

#### **This seminar will cover:**

* **Personal defense for the higher threat-level environments: stances, block and counterstrike techniques for frontal and rearward assaults.**
* **Our intermediate and advanced takedowns for the Primary Restraint Technique (PRT) *®*: the “A-Frame” and “High Speed A-Frame” takedowns and defending from the floor from the PRT.**
* **Traditional “anti-joint” control techniques and methods, including our proprietary team restraint system, tactical speed cuffing, weapon disarms and tactical shield/cell extraction training for CERT Teams.**
* **Participants can receive PLUS training without being an HWC Instructor. However, you will not be certified as a trainer and cannot train PLUS unless you are also an HWC Instructor.**

Slots will fill fast. To enroll or request additional information call:

Seminar Administrator: 845-255-4031 / Fax 256-0094

[www.handlewithcare.com](C:\\Users\\HILARY\\Documents\\HWC\\Seminars\\2014 Seminar\\www.handlewithcare.com)

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| **PLUS PROGRAM**  **INDIANAPOLIS / ANDERSON, IN - REGISTRATION FORM**  **Please Fax completed Form to: Seminar Administrator @ 845-256-0094** | | | | |
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|  | | | | |
| **Cost:** | **$250.00 Per Participant** | | |  |

Company Name:

Address:

City State Zip

Telephone: Fax:

E-Mail:

Participant/

Name(s):

Cell or Dir.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell or Dir.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wish to reserve the following slots:

Name of Agency

Days # of Slots Cost

Day 1 – PLUS SEMINAR $250/person

Payment should be made payable to Handle With Care Behavior Management System EIN 14-1803426 at 184 McKinstry Road, Gardiner, NY 12525, Tel: 845-255-4031. Payment can also be made at the time of training.

I hereby represent that I am authorized to submit this Registration form on behalf of my agency. By registering, my agency is obligating payment for the above-registered people. Contractual terms associated with this training are incorporated herein and can be viewed on our web site: [www.handlewithcare.com](http://www.handlewithcare.com). To receive a refund, you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Handle With Care Seminar.

Signature of authorized agency agent Date

Print Name, Title