**PLUS TRAINING PROGRAM**

**INSTRUCTOR CERTIFICATION PROGRAM**

**SOUTHFIELD, MI**

|  |  |  |  |
| --- | --- | --- | --- |
| When: | APR. 27, 2017 9:00 AM – 5:00 PM | | |
| Training  &  Lodging: | **Comfort Suites**  **24977 Northwestern Highway**  **Southfield, MI 48076**  **TEL: (248) 357-9990** | | |
| MENTION HWC FOR A SPECIAL ROOM RATE OF $104.00 + TAX PER NIGHT | | | |
| Cost: | | **$200.00 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.**

**This is a “PLUS TRAINING PROGRAM” ONLY.**

**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: (845) 256-0094**

**Go To:** [**www.HandleWithCare.com**](http://www.HandleWithCare.com)

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| **PLUS TRAINING PROGRAM**  **SOUTHFIELD, MI - REGISTRATION FORM**  **Please Fax completed Form to: Seminar Administrator @ 845-256-0094** | | |
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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 $200/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