

# **HANDLE WITH CARE PLUS TRAINING PROGRAM SOUTHFIELD, MI**

<b>When:</b>	<b>SEPT. 18, 2025</b>	<b>9:00 AM – 5:00 PM</b>
<b>Training &amp; Lodging:</b>	<b>Hilton Garden Inn Detroit-Southfield 26000 American Drive Southfield, MI 48034 TEL: (248) 357-1100</b>	
	<b>NO ROOM BLOCK RESERVED</b>	
<b>Cost:</b>	<b>\$450.00 per participant</b>	

**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 / Email: [Registrations@handlewithcare.com](mailto:Registrations@handlewithcare.com)**

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

# PLUS TRAINING PROGRAM

## SOUTHFIELD, MI - REGISTRATION FORM

Please Email completed Form to: [Registrations@handlewithcare.com](mailto:Registrations@handlewithcare.com)

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26000 American Drive  
Southfield, MI 48034  
TEL: (248) 357-1100  
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**Cost:** \$450.00 Per Participant

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send the invoice to \_\_\_\_\_  
Name, Title & Email Address

Participant Name	Email	Tel
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wish to reserve the following slots:

Name of Agency	# of Slots	Cost
PLUS Program	_____	\$450/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