



WISCONSIN TRAFFIC SAFETY OFFICER'S ASSOCIATION

Registration Form for Training

Class Name:

Cost: Bill Department: Check Enclosed: Voucher:

Name:

Department:

Address:

City:

State:

Zip Code:

Telephone:

Email Address:

Please send the completed form to:

WTSOA Treasurer
C/O Kurt Kopacz
10147 Woodland Trail
Tomahawk WI 54487