

# Officer Involved Shootings: Supervisory and Management Responsibilities



**Registration fee: \$226**  
**POST certified under Plan III - 15 MCLE credit hours**  
**April 3 - 4, 2014- Carlsbad**

Learn to handle all aspects of an officer-involved shooting, including the legal and administrative issues impacting supervisors and managers. Topics covered in this course include: criminal issues, administrative issues, civil issues, post-trauma stress, and initial response to an OIS incident.

April 3 - 4, 2014

8:00 am – 5:00 pm

Carlsbad

Safety Center Conference Rooms  
2560 Orion Way  
Carlsbad, CA 92010

Interested in CPOA membership? Join online at [cpoa.org](http://cpoa.org) by attending a CPOA training course you'll get half off membership!

*Payment MUST BE received at least 15 days prior to each class in order to ensure you are on the roster and that we have enough space for everyone. We accept check or credit cards. No payments will be accepted onsite. CPOA Training Attendance Policy: CPOA training seminars are NOT open to the general public for enrollment. CPOA training seminars are for law enforcement personnel or those, in some capacity, representing law enforcement personnel or agencies and/or public entities. CPOA reserves the right to restrict or deny enrollment or access to any CPOA seminar to any individual.*

## Register Now!

### PERSONAL INFORMATION:

Registrant Name \_\_\_\_\_ Rank \_\_\_\_\_  
Department \_\_\_\_\_ State/Province \_\_\_\_\_  
Address \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
City \_\_\_\_\_ Phone & Fax No. \_\_\_\_\_  
POST ID \_\_\_\_\_ Email \_\_\_\_\_

**\$226**

**\*\*One person per registration form\*\***

Payment by check or charge, make checks payable to CPOA. **You must send payment with registration.** Please send payment and this form to: CPOA, 555 Capitol Mall, Suite 1495, Sacramento, CA 95814. If paying with credit card, fax to 916-520-2277 or register online at [cpoa.org](http://cpoa.org) under the training tab.

### PAYMENT - CHOOSE ONE OPTION:

- Please Charge Card       Please hold the seat with this credit card (payment will be mailed)

Cardholder Name \_\_\_\_\_ Card Number \_\_\_\_\_  
Ex. Date (MM/YY) \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_