

SOUTHEASTERN NEW MEXICO LAW ENFORCEMENT ACADEMY **#1 THUNDERBIRD CIRCLE** HOBBS, NM 88240

www.nmjc.edu



ENDING AT FAULT LAW ENFORCEMENT CRASHES

REGISTRATION FORM

DATE: December 8, 2025

TIME: 0800-1700 hours

LOCATION: Bob Moran Building Room 153

COURSE FEE:

The registration form must be sent in as soon as completed. Deadline is December 1, 2025

| Full Name:———— | Certification# | | | |
|--|---------------------------|--|-----------------------------|-----------|
| Mailing Address: | | City: | State: | Zip:_ |
| Telephone: E-Mail: | | | | |
| Agency:———————————————————————————————————— | | | | |
| City:State:Zip: | _ | | | |
| Agency Telephone: | _ | | | |
| Contact Person: | | | | |
| Contact Person Telephone: | | | | |
| Contact Person E-mail: | | | | |
| PAYMENT METHODS: *Billing will occur after acceptance and class begins* *Make checks pay | able to New Mexico | Junior College/SNMLEA* | | |
| <u> </u> | | If you selected Invoice | or <i>P.O.</i> , please pro | ovide the |
| *Billing will occur after acceptance and class begins* *Make checks pay Please select your payment method: If you selected Credit/Debit Card, please provide the infor Credit Card: Wisa MasterCard | mation below: | If you selected <i>Invoice</i> number below: | | |
| *Billing will occur after acceptance and class begins* *Make checks pay Please select your payment method: If you selected Credit/Debit Card, please provide the infor | mation below: | If you selected Invoice | | |
| *Billing will occur after acceptance and class begins* *Make checks pay Please select your payment method: If you selected Credit/Debit Card, please provide the infor Credit Card: Wisa MasterCard Card #: | mation below: | If you selected <i>Invoice</i> number below: | | |
| *Billing will occur after acceptance and class begins* *Make checks pay Please select your payment method: If you selected Credit/Debit Card, please provide the infor Credit Card: MasterCard Card #: Expiration Date: | mation below: | If you selected <i>Invoice</i> number below: Invoice #: | | |
| *Billing will occur after acceptance and class begins* *Make checks pay Please select your payment method: If you selected Credit/Debit Card, please provide the infor Credit Card: Wisa MasterCard Card #: CCV #: Expiration Date: Print Cardholder Name: | mation below: | If you selected <i>Invoice</i> number below: Invoice #: | | |

Please mail or email completed registration form to:

New Mexico Junior College/SNMLEA #1 Thunderbird Circle Hobbs, NM 88240

For more information,