



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

Date

June 5 - 9, 2023

8:00AM – 5:00PM

(Ends at noon on the last day)

Location:

Missouri Sheriffs' Association
6605 Business 50 West
Jefferson City, Missouri
Training Center Classroom#2

COST:

No Cost to Contracted Agencies

Non-MSA Contracted Agencies

\$500.00 Payable to:
Missouri Sheriffs' Association

Register by June 1, 2023

This program may be canceled if registrations are not sufficient.

Students are responsible for all lodging, meals, and transportation expenses.

Register For Training

On-line registration preferred
www.mosheriffs.com/training-calendar

For those who don't register on line fill out the registration form and email to:
Donna@mosheriffs.com

or Mail or Fax the form to the Missouri Sheriffs' Association at the contact information below.

6605 Business 50 West
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Management Development Course (POST Control #13608)

The 36 - hour Management Development Course is designed to enhance the skills of an agency's middle to upper level managers. It is preferred that the student have previous first - line supervision training and/or experience and is looking to enhance his or her managerial skills.

Course topics include Budgeting, Critical Incident Support, Management Principles, Organizational Change, Employee Retention, and Management Ethics.

Who Should Attend:

Current leaders and those who want to prepare themselves for future leadership positions at the middle management or command staff level in a public safety agency. Those interested in personal and professional growth.

This training qualifies for thirty-six (36) hours of POST Continuing Law Enforcement Education Credit through the Missouri Sheriffs' Association, a POST-licensed continuing education provider.

For additional information contact:

Rusty Bourg for Program Information

573-635-9644 Ext 111
rusty@mosheriffs.com

Donna Arney for MSA Registration Information
573-635-9644 Ext 106
Donna@mosheriffs.com



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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
 # _____ Exp _____
 3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To

FOR MORE INFORMATION CONTACT