

NCPAA 2010 CONFERENCE REGISTRATION FORM



**12TH ANNUAL
NATIONAL CITIZENS POLICE ACADEMY ASSOCIATION
CONFERENCE
May 10 – 14, 2010
Hilton Head Island, South Carolina**

Please fill out the registration form completely. Use a separate form for each person. You may photocopy this form for your convenience.

PAYMENT:

BEFORE this form can be processed, it must be completed and returned to the address indicated below with full payment. Checks and Money Orders will be accepted. **DO NOT SEND CASH!** If a purchase order must be made, payment must be received prior to the end of the listed registration period to be eligible for the advance or normal registration fee. Payment should be made to:

NCPAA CONFERENCE

CONFIRMATION:

A confirmation of your registration will be sent to you upon receipt of your registration form and payment.

CANCELLATIONS:

All cancellations must be made in **WRITING**. A refund, less a \$45.00 Administrative fee, will be returned to you. All requests for refunds must be received by April 19, 2010.

No refunds will be issued after that date.

MAILING ADDRESS:

After completing the registration form and attaching your payment, please MAIL TO:

S/Sgt. Mike Jennings
PO Box 1758
Beaufort, South Carolina 29901

QUESTIONS:

If you have any questions, please feel free to contact:

S/Sgt. Mike Jennings
(843) 470-3287
mjennings@bcgov.net

CHECK THE FOLLOWING IF APPLICABLE:

- I plan to attend the CPA Foundation Class beginning at 9:00 a.m. on May 11, 2010
- Please check if your organization is planning to submit any nomination(s) for an award.

Deadline for submission is: March 20, 2010

REGISTRATION FEES:(Includes: Advance Registration) June 15, 2009 – February 10, 2010	\$ 250.00	\$ _____
Registration Between: February 10, 2010 – March 20, 2010	\$ 300.00	\$ _____
Late/On Site Registration: March 20, 2010 – May 10, 2010	\$ 350.00	\$ _____

Meals included in Registration Fees:

Lunches: Tuesday, Wednesday, Thursday.....Awards Dinner Thursday Night	\$ _____	\$ _____
GUEST FEES: \$30.00 per lunch and \$50.00 for Awards Dinner		
Tot. Amt. Due		\$ _____

First Name	M.I.	Last Name
Is this Membership.....Are you.....		
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Sworn <input type="checkbox"/> Civilian
E-mail Address:		
Box 1 SWORN OFFICER INFORMATION		
Rank		
Name of Law Enforcement Agency		
Agency Address		
City, State, Zip		
Agency Phone Number ()		
Agency Fax Number ()		
Box 2 CIVILIAN EMPLOYMENT INFORMATION		
Name of Police Agency - Other Organization		
Occupation		
Title (if Applicable)		
Address		
City, State, Zip		
Phone Number ()		
Fax Number ()		
Box 3 CIVILIAN CITIZEN POLICE ACADEMY ALUMNI INFO		
CPA Alumni Assoc. Name		
Title (if Applicable)		
Address		
City, State, Zip		
Phone Number ()		
Fax Number ()		
Box 4 PERSONAL MAILING INFORMATION		
Home Address		
City, State, Zip		
Home Phone ()		
MAILING ADDRESS FOR NCPAA MAILINGS		
SAME AS: <input type="checkbox"/> Box 1 <input type="checkbox"/> Box 2 <input type="checkbox"/> Box 3 <input type="checkbox"/> Box 4		
REGISTRANT'S SHIRT SIZE (Please check one)		
<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		