

2010 REGION V CONFERENCE REGISTRATION FORM



<input type="checkbox"/>	\$110	Pre-Registration for Members (PREPAID and POSTMARKED by September 7, 2010)
<input type="checkbox"/>	\$85	Pre-Registration for Guest/Spouse (PREPAID and POSTMARKED by September 7, 2010)
<input type="checkbox"/>	\$160	Member Registration Fee after September 7 th and on-site
<input type="checkbox"/>	\$100	Guest/Spouse Fee after September 7 th and on-site
<input type="checkbox"/>		I Require Vegetarian Meals for the Banquets.

***Submit only ONE person per Registration Form, photo copy additional forms.**

***** Please Print Legibly or Type and Complete ALL Information *****

Name _____ Email _____

Address _____

City _____ State _____ Zip _____ Phone () _____

CHAPTER _____ REGION _____

ACJA/LAE Officer Status: Chapter Regional National Chapter Advisor

EMERGENCY NOTIFICATION INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

COMPETITION CATEGORY

- Lower Collegiate** (less than 70 semester hrs/105 quarter hrs) **Upper Collegiate** (more than 70 semester hrs/105 quarter hrs)
- Professional** (if you have been compensated for services rendered in the Criminal Justice discipline, or completed an internship in the field)

COMPETITIONS YOU PLAN TO COMPETE IN

- | | | | |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Physical Agility: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age: _____ (for competition level) |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Corrections | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Police Management |
| <input type="checkbox"/> LAE Knowledge | <input type="checkbox"/> Crime Scene | <input type="checkbox"/> Firearms: | ____ Individual ____ Team |

Make Checks/Money Orders Payable to: ACJA/LAE Region V Conference

Please send checks/money orders to: **ACJA/LAE Region V Conference**
P.O. Box 1735
Columbus, GA 31902-1735

Registrar Use Only	
Member # _____	_____
Chapter _____	_____
Exp. Date _____	_____

EARLY REGISTRATION IS ENCOURAGED TO RECEIVE A PRINTED NAME BADGE. WE WILL NOT HAVE A COMPUTER OR PRINTER ON-SITE AT REGISTRATION TO PRINT NAME BADGES. PLEASE INCLUDE REGISTRATION FEES ONLY. SEND ANY OTHER PAYMENTS SEPARATELY. NO REGISTRATION FEES WILL BE RETURNED AFTER **September 10TH.**

Registrar Use Only		
Amt Paid \$ _____	Check/Money Order No. _____	Receipt # _____