



2010 Region VI Conference Registration Form
October 15-17, 2010
Candlewood Suites
1152 North White River Parkway West Drive
Indianapolis, IN 46222
(317) 536-7700
\$84.00/night (plus taxes)

- | | | |
|--------------------------|-----------------|---|
| <input type="checkbox"/> | \$115.00 | Pre-Registration for Members (PREPAID and POSTMARKED by September 27, 2010) |
| <input type="checkbox"/> | \$85.00 | Pre-Registration for guest/spouse (PREPAID and POSTMARKED by September 27, 2010) |
| <input type="checkbox"/> | \$130.00 | Member registration fee after September 27, 2010 and on-site |
| <input type="checkbox"/> | \$100.00 | Guest/spouse fee after September 27, 2010 and on-site |
| <input type="checkbox"/> | | I require vegetarian meals for the banquets. |

* Submit only ONE person per Registration Form. Xerox if you need additional forms.

Please print legibly or type and complete ALL information

Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____
CHAPTER: _____ REGION: **6**

ACJA/LAE Officer Status:

- Chapter Regional National Chapter Advisor

EMERGENCY NOTIFICATION INFORMATION:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: () _____

COMPETITION CATEGORY

- Lower Collegiate (70 semester hours/105 quarter hours)
 Upper Collegiate (71 semester hours/106 quarter hours)
 Professional (if you have been compensated for services rendered in the Criminal Justice discipline)

COMPETITIONS YOU PLAN TO COMPETE IN

- Physical Agility Male Female Age: _____
 Criminal Law Corrections Juvenile Justice Police Management
 LAE Knowledge Crime Scene Firearms: _____ Individual _____ Team

Make checks/money orders payable to: **ACJA/LAE Region 6**

Please send checks/money order to: **ROBERT EDWARDS**
8154 S. WHIPPLE AVE
CHICAGO, ILLINOIS 60652
(773) 778-1115

- Please include registration fees only! Send any other payments separately.
No registration fees will be returned after - . September 30, 2010

Registrar Use Only

Amount Paid \$: _____ Check/Money order #: _____ Receipt #: _____
Member #: _____ Chapter: _____ Expiration Date: _____