

# TRAINING CONFERENCE

## ATTENDEE REGISTRATION FORM

February 26 - March 1, 2017 • Harrah's Atlantic City • Registration Due Feb. 23, 2017  
 Police Chiefs and Superintendents – FREE • L.E.A.D. Officers – \$125 • All other participants – \$250

REGISTRATION	BADGE FIRST NAME _____ LAST NAME _____ RANK _____
	AGENCY / SCHOOL _____
	ADDRESS _____ EMAIL _____
	CITY / STATE / ZIP _____
	CELL PHONE _____ WORK PHONE _____ FAX _____
	<b>Check All that Apply:</b>
	<input type="checkbox"/> I am bringing an Educator or Administrator ( <i>complimentary</i> )
	<input type="checkbox"/> Educator / Administrator's Name _____ Title _____
	<input type="checkbox"/> I will be using a "L.E.A.D. Allocated Credit" for my hotel reservation ( <i>Complete the Hotel Registration Section</i> )
	<input type="checkbox"/> Special Needs _____

CERTIFICATION REGISTRATION	<b>ON THE STREET CURRICULA</b>	<b>TOO GOOD FOR DRUGS K-8</b>	<b>TOO GOOD FOR VIOLENCE K-8</b>
	<input type="checkbox"/> Block A Monday <input type="checkbox"/> Block A Tuesday	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
	<input type="checkbox"/> Block B Monday <input type="checkbox"/> Block B Tuesday		
	<input type="checkbox"/> Block C Monday <input type="checkbox"/> Block C Tuesday		
	All Three Blocks (in sequence) needed for Certification		

**PLEASE REGISTER IN ADVANCE TO ENSURE ALL TRAINING MATERIALS / KITS WILL BE AVAILABLE ON-SITE**

REGISTRATION FEES	<b>Full Registration Includes:</b>	<b>CONFERENCE REGISTRATION</b>																																						
	• All Educational Workshops	<input type="checkbox"/> Non-L.E.A.D. Certified <b>FULL \$250.00</b> <input type="checkbox"/> L.E.A.D. Certified Officer <b>FULL \$125.00</b>																																						
	• Boxed Lunch and Reception on Monday	<input type="checkbox"/> Daily Rate - <b>Single Day Only \$100.00</b> (Multiple Days pay full rate) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed																																						
	• Lunch on Tuesday	<input type="checkbox"/> On Site Registration Available - <b>Late Fee \$25.00</b>																																						
	• Nightly Entertainment	<b>DINING</b> Please indicate which meals YOU will be attending (Included with Registration) and # of guests																																						
	• Lunch on Wednesday																																							
	<b>Single Day Registration:</b>																																							
	• All Educational Workshops and meals that day.																																							
	<b>L.E.A.D. Certified Officers may bring (1) Educator or School Administrator as a free guest</b>																																							
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METHOD OF PAYMENT	<b>CANCELLATION POLICY:</b> All cancellations must be in writing and received by L.E.A.D. no later than Feb. 22nd. No refunds will be given after this date. Credit card payments will appear on your statement as a purchase from L.E.A.D. Make checks payable to L.E.A.D.	
	<input type="checkbox"/> L.E.A.D. Allocated Credit # _____	Credit Card # _____
	<input type="checkbox"/> Purchase Order # _____	Exp. Date _____ CDC _____ \$ _____
	<input type="checkbox"/> Enclosed Check \$ _____	Cardholder's Name (print) _____
	Cardholder's Billing Address (if different from above) _____	Cardholder's Signature _____
	<input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	

HOTEL REGISTRATION	<small>Fill Out this Section ONLY if using your L.E.A.D. Allocated Credit to pay for your room. Room Rate is \$79/night + taxes, which includes parking discount &amp; free wi-fi. Additional charge of \$20 per person if more than two people per room. Please contact Harrah's Atlantic City at (609) 441-5000 • 777 Harrah's Blvd, Atlantic City, NJ 08401 to register. NOTE: If using your Allocated Credit, L.E.A.D. is paying for this reservation on the master account. If changes or cancellations need to be made to the above reservation you must notify L.E.A.D. immediately or you will be charged for the expense. You will still be required to provide your credit card upon check-in to cover your incidental expenses.</small>		
	<input type="checkbox"/> 2 Double Beds <input type="checkbox"/> King <input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking ( <i>Room Type Not Guaranteed</i> )		
	Arrival Date _____	Departure Date _____	# of Nights _____
	Name _____	Sharing Room With _____	
	Police Department _____	L.E.A.D. Allocated Credit # _____	