

2016 CONFERENCE REGISTRATION FORM



Complete the registration information below and return it to ALEA or visit www.alea.org. Payment must accompany registration. Conference badges may be picked up at the Registration Desk at the Savannah International Trade & Convention Center. You must have a badge for admittance into the ALEA EXPO 2016. Please print the information below for each individual in your party. All names will be listed on conference badges exactly as they are shown below. For additional information or inquiries, please call 301-631-2406.

REGISTRANT:

First Name MI Last Name

AGENCY:

_____ RANK/TITLE: _____

- Adult
 Child (8-18)
 Child (<8)

GUEST:

First Name MI Last Name

- Adult
 Child (8-18)
 Child (<8)

GUEST:

First Name MI Last Name

- Adult
 Child (8-18)
 Child (<8)

GUEST:

First Name MI Last Name

MAILING ADDRESS

Name: _____
 Agency: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

BILLING ADDRESS

Please check box if same as mailing address

Name: _____
 Agency: _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

REGISTRATION FEES

	Advance Rate (By July 10)	Onsite Rate (After July 10)
<input type="checkbox"/> EXPO Full (Member)	\$ 150	\$ 200
<input type="checkbox"/> EXPO Full (Non-Member)	\$ 200	\$ 250
<input type="checkbox"/> EXPO Full (Full-Time Student)*	\$ 80	\$ 130
<input type="checkbox"/> EXPO Full (Family/Guest - Adult)**	\$ 80	\$ 130
<input type="checkbox"/> EXPO Full (Family/Guest - Child 8-18)	\$ 45	\$ 65
<input type="checkbox"/> EXPO Full (Family/Guest - Child <8)	\$ --	\$ --
<input type="checkbox"/> 1-Day Registration (Member)	\$ 75	\$ 100
<input type="checkbox"/> 1-Day Registration (Non-Member)	\$ 100	\$ 125
<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		

PAYMENT MUST ACCOMPANY FORM

Please make checks payable to ALEA, or use your VISA, MasterCard, Discover or American Express.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

_____ CREDIT CARD NUMBER AMOUNT

_____ EXP (mm/yy) V-CODE

_____ NAME AS IT APPEARS ON CARD

_____ SIGNATURE

Please return this form to:
 Airborne Law Enforcement Association
 ALEA EXPO 2016
 50 Carroll Creek Way, Suite 260, Frederick, MD 21701
 Fax: (301) 631-2466 Email: bosborne@alea.org

* To qualify to attend at the Full-Time Student registration fee, you must not be employed full-time in the field of Public Safety Aviation and you must be enrolled as a full-time student in an accredited, degree-granting institution. A copy of your student ID is required with your registration form.

** To qualify to attend at the family/guest registration fee, registrant must not be employed in the field of Public Safety Aviation.

Registration and Cancellation/Refund Policy: To receive the advance registration fee, ALEA must receive the registration form postmarked no later than July 10, 2016 and payment MUST accompany the registration form. After July 10, 2016 registration must be handled onsite and will be charged the onsite registration fee. Conference Course and Conference attendees may cancel their registration(s) and receive a full refund by submitting written notice, which must be received in the ALEA Home Office by July 10, 2016. All cancellations received after this date will be charged a \$30 administrative fee.