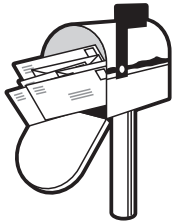




# ILLINOIS CITIZENS POLICE ACADEMY ASSOCIATION TRAINING REGISTRATION FORM

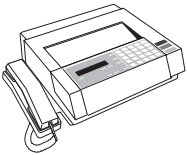


## TWO EASY WAYS TO REGISTER...



### BY MAIL

Complete registration form and mail along with agency check, personal check, or money order



### BY FAX

Complete registration form and fax along with agency purchase order to (847) 459-0147

### HOW TO REGISTER:

- Complete this registration form and mail it with an agency check, personal check or money order [made payable to ILLINOIS CPAA] to:

ILLINOIS CPAA/TRAINING • P.O. Box 26 • Wheeling, IL 60090

- If you prefer, you can fax your registration to (847) 459-0147. *Note: An agency purchase order must accompany the completed registration form.*

Whatever method of registration you choose, be sure to enroll right away. Space is limited, and this is one event you don't want to miss!

### CANCELLATIONS:

ILLINOIS CPAA understands that circumstances may arise that require you to cancel. If you cancel your reservation prior to the RSVP deadline date listed on the training flyer [September 25, 2009], your registration fee will be refunded less a \$10.00 administrative charge. After that date, cancellations are subject to the entire training fee, and no refunds will be issued. Substitutions may be made at any time by notifying the ILLINOIS CPAA office. PLEASE NOTE THAT IF YOU DON'T CANCEL AND/OR DON'T ATTEND, YOU ARE STILL RESPONSIBLE FOR PAYMENT.

AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

**Conducting Great Citizen Police Academy and**

COURSE NAME **Alumni Association Classes in Tough Economic Times** COURSE DATE **October 5, 2009**

COURSE LOCATION **Casa Royale Banquets • Des Plaines, Illinois** COURSE COST **Members: \$45/person  
Non-members: \$55/person**

Please register the following individuals to attend this training seminar.

Number of Illinois CPAA members \_\_\_\_\_ x \$45.00 each = \$ \_\_\_\_\_

Number of non-members \_\_\_\_\_ x \$55.00 each = \$ \_\_\_\_\_

*Registration fees includes morning coffee/networking, training seminar, speaker handouts, hot lunch, and certificate of attendance.*

LAST NAME	FIRST NAME	RANK	E-MAIL ADDRESS	MEMBER?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize the above attendee(s) to participate in this program. In addition, I understand and will abide by the ILLINOIS CPAA payment and cancellation policies as listed above.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Rank: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_