



Southeastern Crime Stoppers Association

30th Annual Training Conference
April 17, 2011 through April 20, 2011
The Gaylord National Hotel
National Harbor, MD

MAY BE COPIED

Name of Attendee _____

Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Other Number (specify) _____

Civilian _____ Law Enforcement _____ SECSA Board Member _____

CS Program you represent _____

CS Program Address _____

Please list any special disability requirements you may have _____

***** Airport pick-up: Reagan National Airport ONLY - April 17th & 18th *****

Do you require pick up at Reagan National Airport? Yes ___ No ___

Arrival Date _____ Arrival Time _____ Flight Number _____

Departure Date _____ Departure Time _____ Flight Number _____

Airline _____ Special Note _____

Registration Fees: SECSA Member Program Per Person	\$185.00	After 3-18-2011	\$235.00
Non-Member Program Per Person	\$235.00	After 3-18-2011	\$285.00

****\$75 Membership Due is NOT included in the Registration Fee and will require a completed 2011 membership form****

Special Note: First time attendees may pay the member rate and complete a member registration form at the meeting or mail with this registration form.

Spouse/Guest registration including children attending functions # _____ X \$ 185.00 per person

Name(s) _____ Total Amount Enclosed \$ _____

(MAKE CHECKS PAYABLE TO CHARLES COUNTY CRIME SOLVERS)

**** For Hotel Reservations call 1-301-965-4000 and use Group Code "X-PGP11" for special pricing OR make reservation on-line at <http://www.gaylordhotels.com/gaylord-national/> and type "X-PGP11" in the special offer/group code box****

Complete the above form for EACH attendee. Mail completed forms and payments to:

Zel Windsor
Prince George's County Crime Solvers
7600 Barlowe Road
Landover, MD 20785

For more information, email azwindsor@co.pg.md.us or call (301) 772-4718

Cancellation Policy: No cancellations/refunds after March 18, 2011. Cancellations and refunds prior to March 18th will be considered based on financial obligations made by the host program. Refunds will be minus a \$25 handling fee.

Office Only: _____ Group Check _____ Amount \$ _____ Date Received _____ Confirm. Date _____