



REGISTRATION FORM

24th Annual Law Enforcement & Corrections Training Conference
September 15-17, 2019

REGISTER ONLINE at www.utahsheriffs.org OR complete this form and FAX to (801) 355-0250 or
MAIL to: Orchid.Events, 175 South West Temple, Suite 30, Salt Lake City, UT 84101

DO NOT RETURN REGISTRATION FORM TO USA. Do not mail form after August 31, 2019 (online accepted until 9/09) Information: 866-748-9566 or help@orchid.events

PART 1: REGISTRATION INFORMATION (Use one form per person)

First Name:		Last Name:	
Title:			
Agency/Organization:			
Street Address:			
City:	State:	Zip Code:	
Email:	Work Phone:	Day Phone:	

T-Shirt Size: S M L XL 2XL 3XL 4XL

PART 2: REGISTRATION CATEGORIES & OPTIONAL EVENTS

Please check applicable category:	Advance w/ Banquet (prior to 8/31)	Advance w/out Banquet (prior to 8/31)	Late w/ Banquet (on or after 8/31)	Late w/ out Banquet (on or after 8/31)
CONFERENCE REGISTRATION				
Registration (law enforcement, support staff, etc.)	<input type="checkbox"/> \$195	<input type="checkbox"/> \$155	<input type="checkbox"/> \$220	<input type="checkbox"/> \$180
Spouse/Child/Partner (<i>excludes law enforcement – see above</i>)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$65	<input type="checkbox"/> \$130	<input type="checkbox"/> \$90

Additional Banquet Ticket only (does not include name badge or admission to exhibit hall)

Indicate quantity below:

Advance: \$45 x _____ Late: \$55 x _____

Name of Person(s) for Additional Banquet Ticket(s):

1. _____ 2. _____

PART 3: PAYMENT INFORMATION

Cancellation fee of \$50.00 will apply. No refunds after September 1, 2019. Total Amount: _____

Method of Payment:

Check. Make checks payable to **Utah Sheriffs Association and include contact name and phone number with your check.

**Purchase Order # _____ (send copy of registration form and submit with a copy of the PO to Kristi Woolston at Orchid.Events)

Credit Card (please select credit card type below) Amex MasterCard Visa Discover

Credit Card Number _____ Exp. _____

*Name: _____ Signature: _____ Date: _____
(as it appears on the credit card) (by signing, I agree to the above Cancellation Policy)

**Name of person registering with full registration fee.*

***If paying by check or purchase order, your registration will be pending until payment is received. Payment must be received within 30 days or your pending registration may be cancelled.*