

Group Registration Form

IACLEA 59th Annual Conference & Exposition

June 23 - 26, 2017 • Milwaukee, Wisconsin, USA

- Check if you are a first-time attendee Check if you are a new member My Institution is a: 2-Year Institution Public
 4-Year Institution Private
 Sworn Non-sworn

1st Attendee's Full Name _____ Badge Name _____

Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Telephone _____ Fax _____ Email _____

Please indicate the events you will be attending:

- Corporate Partner Event** (*Institutional Delegates only. Registration is free but required.*)
 Tour of Marquette University Campus Public Safety Department – (*Canadian & International Delegates only. Registration is free but required.*)
 Women Members' Event – (*Institutional Delegates only. Registration is free but required.*)
 Special Needs (please list below)

- Check if you are a first-time attendee Check if you are a new member My Institution is a: 2-Year Institution Public
 4-Year Institution Private
 Sworn Non-sworn

2nd Attendee's Full Name _____ Badge Name _____

Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Telephone _____ Fax _____ Email _____

Please indicate the events you will be attending:

- Corporate Partner Event** (*Institutional Delegates only. Registration is free but required.*)
 Tour of Marquette University Campus Public Safety Department – (*Canadian & International Delegates only. Registration is free but required.*)
 Women Members' Event – (*Institutional Delegates only. Registration is free but required.*)
 Special Needs (please list below)

- Check if you are a first-time attendee Check if you are a new member My Institution is a: 2-Year Institution Public
 4-Year Institution Private
 Sworn Non-sworn

3rd Attendee's Full Name _____ Badge Name _____

Institution _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Telephone _____ Fax _____ Email _____

Please indicate the events you will be attending:

- Corporate Partner Event** (*Institutional Delegates only. Registration is free but required.*)
 Tour of Marquette University Campus Public Safety Department – (*Canadian & International Delegates only. Registration is free but required.*)
 Women Members' Event – (*Institutional Delegates only. Registration is free but required.*)
 Special Needs (please list below)

The registration fee includes admittance to:

- General Sessions and Workshops
- Exhibit Hall, including Friday Opening Reception and Saturday Lunch
- Opening Ceremonies
- Host Event
- Corporate Partner Event (Institutional Delegates only. Registration is free but required.)
- Women Members' Event (Institutional Delegates only. Registration is free but required.)
- Tour of Marquette University Campus Public Safety Department (Canadian & International Delegates only. Registration is free but required.)
- Installation Ceremony and Closing Reception



REGISTRATION FEES (Check all appropriate boxes):

Member Fees - Please enter Attendee quantity in the box provided below.	Through May 20th QTY.	After May 21st
IACLEA Member - Institutional, Professional, Associate, Affiliate 1st Attendee	___ <input type="checkbox"/> \$575	<input type="checkbox"/> \$650
IACLEA Member - Institutional, Professional, Associate, Affiliate 2nd Attendee or More	___ <input type="checkbox"/> \$475	<input type="checkbox"/> \$550
IACLEA Member - Supporting	___ <input type="checkbox"/> \$665	<input type="checkbox"/> \$740
IACLEA Member - Retired/Honorary	___ <input type="checkbox"/> \$375	<input type="checkbox"/> \$425
Non-Member Fees		
Non-Member - Employee of a Higher Ed Institution/Secondary School/ Other Law Enforcement	___ <input type="checkbox"/> \$700	<input type="checkbox"/> \$775
Non-Member - Consultant/Supplier/Vendor for Higher Ed Institution/ Secondary School/Other Law Enforcement	___ <input type="checkbox"/> \$790	<input type="checkbox"/> \$865

Grand Total — (U.S. Funds Only):

\$ _____

METHOD OF PAYMENT: (Please check appropriate boxes)

- Check enclosed made payable to: IACLEA Annual Conference
- Purchase Order # _____ (Fed. I.D. #58-1410882)
- MasterCard VISA AMEX

IF NOT PAYING ONLINE, SEND REGISTRATION FORM AND PAYMENT TO:

IACLEA Annual Conference
342 North Main Street, Suite 301
West Hartford, CT 06117-2507
Fax: 860-586-7550 or 1-866-612-6276

Card # _____

Name on Card _____

Exp. Date _____

Signature _____

Date _____

IF NOT PAYING ONLINE, SEND REGISTRATION TO:

IACLEA Annual Conference
342 North Main Street, Suite 301
West Hartford, CT 06117-2507
Fax 860-586-7550 or 1-866-612-6276

Registration Policies and Procedures

Instructions:

- Complete all portions of the registration form and forward to: IACLEA Annual Conference, 342 North Main Street, Suite 301, West Hartford, CT 06117-2507. A check payable to IACLEA Annual Conference, or a copy of an approved purchase order or credit card authorization for registration fees (or any combination) MUST accompany the form. Correct fees must be received at IACLEA for an attendee to be registered. All registration fees must be paid in U.S. dollars.
- Your name and institution will appear exactly as you indicate on this form.
- Print or type all information.
- Use the Group Registration form to register more than one person from a single institution.
- Please keep a copy your completed registration form for your records.
- To register by fax, send to 860-586-7550 or 1-866-612-6276.

Registration Policies:

- Only individuals registered and badged may attend conference events.
- Guests/spouses must purchase tickets for food and beverage events. Guest badges are required for entry into all conference events. See the Guest Ticket Order Form for purchase information.
- No registration may be processed without payment or receipt of a purchase order. For registration purposes, an institution's purchase order will be treated as cash.
- Payment or purchase order must accompany the registration form in order to receive the early registration discount.
- Checks or purchase orders received by IACLEA without registration forms will be automatically mailed back to your accounting office.

Cancellations/Refunds:

- All registration cancellations must be sent in writing to IACLEA Headquarters, 342 North Main Street, Suite 301, West Hartford, CT 06117-2507.
- Any registration cancellation postmarked (or emailed) prior to June 5, 2017 will incur a \$50 administrative fee.
- Any registration cancellations postmarked (or emailed) on or after June 14, 2017 will forfeit all registration fees. Forfeited fees cannot be applied to future meetings.
- Substitutions from within the same institution are permitted at no additional cost. All substitutions must be made in writing and accompanied by a completed IACLEA Conference registration form.

Housing Policy:

- Only those registered for the conference, or special guests recognized by IACLEA's office, will be eligible for hotel rooms at the special conference rate.

Guest Ticket Order Form

Spouses – Children – Exhibitors – Guests

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		QTY.	Total
Full Guest Ticket*	\$120⁰⁰ Adult	_____	\$ _____
	\$35⁰⁰ Child (under 12, under 2 free)	_____	_____

*Includes admittance to the events below:

- Friday Exhibit Hall Reception
- Saturday Opening Ceremonies
- Saturday Exhibit Hall Lunch
- Saturday Host Institution Event
- Monday Installation/Closing Reception

		QTY.	Total
Host Institution Event Ticket*	\$50⁰⁰ Adult	_____	\$ _____
	\$25⁰⁰ Child (under 12, under 2 free)	_____	\$ _____

*Includes admittance to the Saturday Host Event only

Total Amount	\$ _____
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Guest Ticket Policy

Guest badges are required for entry into all conference events. Guest tickets are only issued to individuals accompanying a paid conference attendee in a social capacity. Guest registration allows for Exhibit Hall access but does not include attendance at any sessions except the Opening Ceremony and Installation Ceremony.

Cancellations/Refunds

All guest ticket cancellations must be sent in writing to IACLEA Headquarters, 342 North Main Street, Suite 301, West Hartford, CT 06117-2507. Any guest ticket cancellation postmarked (or emailed) prior to June 5, 2017 will incur a \$25 administrative fee. Any guest ticket cancellations postmarked (or emailed) on or after June 14, 2017 will forfeit all registration fees. Forfeited fees cannot be applied to future meetings.

(Please Print Neatly)

Member Name

Name for Guest Badge

Name for Guest Badge

Name for Guest Badge

METHOD OF PAYMENT: (Please check appropriate boxes)

- Use method of payment provided on Delegate Registration Form
- Check enclosed made payable to: IACLEA Annual Conference

Purchase Order # _____ (Fed. I.D. #58-1410882)

- MasterCard VISA AMEX

Card # _____

Name on Card _____ Exp. Date _____

Signature _____ Date _____

IF NOT PAYING ONLINE, SEND REGISTRATION TO:

IACLEA

342 North Main Street, Suite 301, West Hartford, CT 06117-2507

Tel. 860-586-7517

Fax 860-586-7550 or 1-866-612-6276