



# REGISTRATION FORM

22<sup>nd</sup> Annual Law Enforcement and Corrections  
Training Conference  
September 17-19, 2017

REGISTER ONLINE at [www.utahsheriffs.org](http://www.utahsheriffs.org) OR complete this form and FAX to (801) 355-0250 or MAIL to:  
Orchid Event Solutions, 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, 2017 (online accepted until 9/11) Information: 866-748-9566 or [help@orchideventsolutions.com](mailto:help@orchideventsolutions.com)

## 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 (excludes law enforcement- see above)	<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 _____
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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, 2017. Total Amount: \_\_\_\_\_

Method of Payment:

Check or Money Order (make payable to Utah Sheriffs Association)

\*\*Purchase Order # \_\_\_\_\_ (P.O. required if selected)

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 Purchase Order, print out this registration form and submit it with a copy of the PO to Kristi Woolston at Orchid Event Solutions.