



Southeastern Crime Stoppers Association

36th Annual Training Conference
April 17, 2017 through April 21, 2017
The Gaylord National Hotel
National Harbor, MD

Name of Attendee _____

Email 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 *****

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 3-18-2017	\$235.00
	Non-Member Program Per Person	\$235.00	After 3-18-2017	\$285.00

****Special Note**** First time attendees may pay the member rate.

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

Name(s) _____ Total Amount Enclosed \$ _____

(Please make your CONFERENCE REGISTION FEE checks payable to Prince George's County Crime Solvers)

The hotel rate is \$150 per night (plus taxes). Reservations can be made on-line with the link provided below.

<https://aws.passkey.com/gt/212204978?gtid=eba634cef6738dcc88a95f5379f3afda>

****The \$75 Annual Program Membership Due is NOT included in the Registration Fee. A completed 2017 Membership Form and fee MUST be received in order to ****

(Please make MEMBERSHIP DUES checks payable to Southeastern Crime Stoppers Association)

Mail completed forms and All payments to:

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

Contact me if there are any questions, email azwindsor@co.pg.md.us desk (301) 772-4718, cell/text (301) 848-4455

Cancellation Policy: No cancellations/refunds after March 18, 2017. 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 _____