



Southeastern Crime Stoppers Association

37th Annual Training Conference
April 15, 2018 through April 19, 2018
The Hyatt Regency Hotel
Atlanta, GA

Name of Attendee _____

Email Address _____

Cell Phone _____ Other Number(specify) _____

Civilian _____ Law Enforcement _____ SECSA Board Member _____

Program you represent _____

Program Address _____

Please list any special requirements you may have _____

Nearest Airport: Hartsfield-Jackson Atlanta International - Airport Code ATL

***** Airport/hotel transportation will be provided by MARTA. For passes, email Trish by April 1, 2018, so MARTA passes can be sent to you in time. *****

Registration Fees: SECSA Member Program, Per Person \$225.00 After 4-1-2018 \$245.00
Non-Member Program, Per Person \$235.00 After 4-1-2018 \$285.00

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

Spouse/additional guest, including children, attending functions # _____ X \$ 225.00 per person

Name(s) _____ Total Amount Enclosed \$ _____

Please make CONFERENCE REGISTRATION checks payable to Southwest Florida Crime Stoppers.

Mail completed form and payment to: Trish Route - Southwest Florida Crime Stoppers, 14750 Six Mile Cypress Parkway, Fort Myers, FL 33912.

The standard hotel room rate is \$165 per night (plus taxes). Reservations can be made online using the link below or by calling the Southeastern Crime Stoppers Association reservation line at 1-404-577-1234.

<https://aws.passkey.com/go/crimestoppers2018>

****The \$75 Annual Program Membership Due is NOT included in the Registration Fee. Your program must be in Good standings to receive the special rates** (Please make MEMBERSHIP DUES checks payable to Southeastern Crime Stoppers Association.)** Mail completed form and payments: Zel Windsor, Prince George's County Crime Solvers, 7600 Barlowe Road, Hyattsville, MD 20785.

If there are any questions, feel free to contact Trish at troutte@sheriffleefl.org or (239) 477-1407(desk).

Cancellation Policy: No cancellations/refunds after March 30, 2018. Cancellations and refunds prior to March 30^h 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 _____