

IALEP ANNUAL TRAINING CONFERENCE
September 13 through 18, 2009 - St. Louis Hilton at the Ballpark
 Your host is the...**St. Louis Metropolitan Police Department**

REGISTRATION FORM

Please Print Clearly. One Registrant per form (copy as needed)

Attendee Name:					
Organization Name:					
Mailing Address:					
Phone:		FAX:		Email:	
New IALEP Member	Yes	No	First IALEP Conference	Yes	No
Attendee's Name for Badge (please print clearly):					
Adult Guest Name for Badge (if attending activities):					
Children Names for Badge (if attending activities):					
ROUNDTABLE SESSION:					
List any new program(s)/project(s) in your agency.					
Would you like to have 5-10 minutes to present?		Y	N		
Would you like to provide an abstract?		Y	N		
List any topic(s)/problem(s) for discussion. Would you like to facilitate the discussion?					
				Y	N

PAYMENT: Checks shall be made payable to "IALEP 2009 Conference". We are unable to accept credit card payments. Do not include hotel fees; make all room reservations and payments directly with the Ballpark Hilton Hotel, (314) 421-1776. The IALEP Taxpayer Identification Number (TIN) is 43-1569519 (IALEP is a nonprofit organization).

REGISTRATION: Mail a separate registration form for each attendee. If you are unable to submit a check with the registration form, send the check at a later time. For planning purposes, please send your registration as soon as possible. The check does not have to accompany the registration form. Registration forms and checks should be sent to: International Association of Law Enforcement Planners, P.O. Box 11437, Torrance, CA 90510-1437.

Please register by **August 31, 2009**, or call/email to make special arrangements (see contact information below).
Full Registration (includes speakers, meetings, handouts, exhibits, daily refreshments, member lunch, Wednesday outing, Thursday banquet, and other features)

Current Members.....\$475 by 08/31/09...\$525 after 08/31/09.. \$ _____
Non-members (includes required member dues)..\$550 by 08/31/09...\$600 after 08/31/09.. \$ _____
Single Day Rate (For attendees not attending entire conference, does not include Thursday banquet)
 (Please check days attending) **Mon** ...**Tues** ...**Wed** ...**Thurs** . Each day x **\$125** \$ _____
Guest Fee(s) (includes Tues. lunch, Thurs. banquet, Wed. outing)..... Each guest x **\$250**.. \$ _____
Children (6-12 yrs.)Each child x **\$125**... \$ _____
TOTAL PAYMENT (U.S.C only)....\$ _____

The conference is not restricted to current members and IALEP welcomes all interested parties. It is the policy of the IALEP and the Hilton at the Ballpark to fully comply with the requirements of the Americans with Disabilities Act. If you need special accommodations to participate in this event, please provide thirty (30) days notice of special needs. Substitute attendees accepted (please notify). Registration fees will be refunded in full for cancellations received by August 31, 2009. Membership dues are nonrefundable. Written notification/requests for refunds must follow calls or emails. All speakers, topics, and activities are subject to change without notice and are not guaranteed.

CONTACT INFORMATION: Additional conference information is available on the IALEP website www.ialep.org and from Kenneth Hailey, St. Louis Police Department, Phone (314) 444-5531, FAX (314) 444-5514, Email klhailey@slmpd.org. Office hours are Mon – Fri. 0800 to 1700.