



Southeastern Crime Stoppers Association
 2010 Training Conference
 March 28, 2010 through April 1, 2010
 Kingston Plantation Embassy Suites
 Myrtle Beach, SC

MAY BE COPIED

Name of Attendee _____
 (Name you wish to have printed on badge)

Email Address _____
 (Meeting confirmations will be sent via email only)

Mailing Address _____

City _____ **State** _____ **Zip** _____

Civilian _____ **Law Enforcement** _____ **SECSA Board Member** _____
 (Check all that apply)

CS Program you represent _____

Program Address _____

Please list any special disability requirements you might have _____

Do you require pick up at the airport? Yes _____ No _____ **Cell Phone** _____

If so, please complete:

Arrival Date _____ Arrival Time _____ Flight Number _____
 Departure Date _____ Departure Time _____ Flight Number _____
 Airline _____ Special Note _____

Registration Fees

SECS Member Program per person	\$185.00	After 3-15-2010	\$235.00
Non Member Program per person	\$235.00	After 3-15-2010	\$285.00

(\$50 membership is not included in the registration fee and will require a completed 2010 membership form)

Special Note: First time attendees may pay the member rate and complete a member registration form at the meeting or mail with this registration.

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

Name(s) _____ **Total Enclosed \$** _____
Make checks payable to SC CS Council

****For Hotel Reservations Call 1-800-876-0010 and use "CSI" as the code for special pricing. Deadline is 2-25-10****

For more hotel information, go to: <http://www.kingstonplantation.com/accommodations/embassy-suites/>

Complete the above form on each attendee and mail completed forms and payment to:

Cindy Hipps
 SC CS Council
 104 Homestead Dr.
 Piedmont, SC 29673

For more information, email cthipps@charter.net

Cancellation Policy: No cancellations/refunds after March 15, 2010. Cancellations and refunds prior to March 15 will be considered based on financial obligations made by the host program. The refund will be minus a \$25 handling fee.

Office only: Check # _____	Group Check _____	Amount \$ _____	Date Received _____	Confirm. Date _____
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