



www.chia187.com

California Homicide Investigators Association

Event: **51st Annual CHIA Training Conference**

Dates: Feb 25 – 28, 2020; Palms Casino Resort, Las Vegas

Early Bird Registration: **\$349.00** *(on or before 01/10/20)* **Late Registration Fee: \$399.00**

**All Early Bird Registrations must be paid prior to the cut-off date, or the member(s) will be charged the Late Registration amount!*

Agency's Information

Group Registration Form


| | | | | |
|---|--|------|---------------|----------|
| AGENCY NAME | | | | |
| ADDRESS (Number & Street) | | CITY | STATE | ZIP CODE |
| AGENCY CONTACT (e.g. Training Unit Liaison, Fiscal Unit contact, Unit Supervisor, etc.) | | | DAYTIME PHONE | |
| AGENCY CONTACT'S EMAIL | | | | |

Attendees Information *(Members who need to renew their memberships or pay New Member fees, add \$30 to above amount)*

| | | | | |
|------------------|---------------|---|--|--|
| CHIA MEMBER NAME | RANK | POST ID # | | |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> | | |
| CHIA MEMBER NAME | RANK | POST ID # | | |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> | | |
| CHIA MEMBER NAME | RANK | POST ID # | | |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> | | |
| CHIA MEMBER NAME | RANK | POST ID # | | |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> | | |

| | | |
|------------------|---------------|---|
| CHIA MEMBER NAME | RANK | POST ID # |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> |
| CHIA MEMBER NAME | RANK | POST ID # |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> |
| CHIA MEMBER NAME | RANK | POST ID # |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> |
| CHIA MEMBER NAME | RANK | POST ID # |
| EMAIL | DAYTIME PHONE | DOES EMPLOYEE NEED TO PAY MEMBERSHIP FEES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i> |

POST College Form *****COMPLETE, PRINT & BRING WITH YOU*****



POST College Form *(CALIFORNIA residents only!)*

All California attendees are responsible for completing the **POST College Form** (highlighted sections only), and bringing this form with you to be collected at the door on registration day. This is your ticket in! The POST College Forms earn significant funding for CHIA that helps offset the costs of the conference which allows CHIA to keep our annual costs low. **All California members who do not bring a completed form will be asked to fill one out at the door.** Please do your part and complete the form ahead of time.

Group Registration Payment *(Please ensure that both Conference registration & Membership fees are included in total!)*

Determination of Payment:

1. Number of Early Bird Registrations _____ x **\$349.00** = _____ *(registered on or before 01/10/20)*

2. Number of Late Registrations _____ x **\$399.00** = _____ *(registered after 01/10/20)*

3. Number of Membership Payments *(either New or renewal)* _____ x **\$30.00** = _____

Total Agency Payment Included \$ _____

Payment Options *(Please ensure that both [Conference registration](#) & [Membership fees](#) are included in total)*



To pay for registration fees via **credit card**, please email this form along with credit card details to **CHIA Director Lt. Bob McCloskey** at RMcCloskey@pd.cityofsacramento.org. Once payment is made, CHIA Membership Services will email the Agency Contact, along with each CHIA member, an invoice for confirmation of registration.

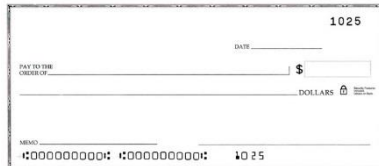
Credit Card Card Type: **VISA** **MASTERCARD** *(American Express or Discover cards not accepted)*

Print Name *(as it appears on card)* Credit Card Number Expiration Date *(mm/dd/yyyy)*

VCode *(3 digit # on back of card)* Amount Authorized *(total of items above)* Cardholder Signature *(must have signature/digital signature/printed signature to process payment)*
\$

Billing Address *(Check here if Billing Address is the same as Agency Address on Page 1)*

Check



To pay via check, please mail your check (**payable to CHIA**), along with this form to:

California Homicide Investigators Association
c/o: San Jose Police Department
Attn: Det. Brian McDonald
201 W.Mission Street, Suite #305
San Jose, California 95110

Hotel Reservations at the Palms Casino Resort, Las Vegas

Visit website: www.palms.com

Reservations via Internet: <https://book.passkey.com/e/49890620>

Reservations via phone: **(866) 942-7777**

Special CHIA Code: **CACHI20**

Questions?

For questions regarding this form, the conference, or the registration process in general, please contact CHIA Director Bob McCloskey via phone at (916) 808-0306; or via email at RMcCloskey@pd.cityofsacramento.org.