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| **AGENCY INFORMATION** |
| Agency/Company      |
| Address      | City      | State      | Zip      |
| Agency Contact:      | Phone:      |
| Agency Contact Email      |



**C**alifornia **H**omicide **I**nvestigators **A**ssociation

**Group Registration Form**

**Early Bird Registration: $449 (must be paid before 7/11/24)**

**Registration $525 starting on 7/11/24**

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| **MEMBERSHIP REGISTRATION** |
| Each person **must**be an **Active Member to attend the conference. Members must create an account** using **their own email address** and personal password to register. If agency is paying Member fees and Conference fees at once, member still has to create a personal account and membership will register them for conference upon payment. |

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| **MEMBERSHIP REGISTRATION** |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |
|  |  |  |
| Member Name:      | Rank:      | Post ID:      |
| Email:      | Daytime Phone:      | Membership Fee Paid:[ ]  YES [ ]  NO |

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| **POST COLLEGE FORM** |
| **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. 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.  |

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| **GROUP REGISTRATION PAYMENT** |
| **Payment:** 1. Number of Early Bird Registration: X **$449.00 = $***(registration paid on/before 7/10/24)*2. Number of Late Registrations X **$525.00 = $***(registration paid after 7/10/24)*3. Number of Membership Payments *(either New or renewal)* X **$30.00 = $****Total Agency Payment Included $** |

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| **PAY BY CREDIT CARD** |
| **CREDIT CARD** | To pay registration fees via **credit card**, please email this completed form to **CHIA Treasurer Brian McDonald** at **Treasurer@chia187.com**. You will be sent a secured link to pay the invoice for your group. A receipt for registration and/or membership will be emailed to each member. You can pay now by clicking on the payment button below.[PAYMENT](https://www.chia187.com/page-1841981) |

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| **PAY BY CHECK** |
| **CHECK** | Must be received by July 10, 2024. No exceptions.To pay via check, please mail your check ***(payable to CHIA)****,* along with this form to: **California Homicide Investigators Association** **Attn: Brian McDonald** **P.O. Box 6298** **San Jose, California 95150** |