



# Pennsylvania Chiefs of Police Association

2010 Education & Training Conference  
July 11-15, 2010 ♦ Lancaster Host Resort

## Hotel & Meal Registration Form Only

### 1 Registration for the Conference

Subtotal \$

A registration fee is not required if you are an exhibitor or other special guest participating in a conference program. Please note: A name badge is required for all conference events including the Hospitality Room. Meal Tickets are also required and may be ordered using this form.

Name/Title/Agency/Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Mail or fax completed form to: Pennsylvania Chiefs of Police Association  
3905 North Front Street  
Harrisburg, PA 17110 Fax 717-236-0226

### 2 Room Reservations

Subtotal \$

Room Only (per night) ..... \$175

Guest Name other than listed above: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Single Occupancy     Double Occupancy (King Bed)     Double Occupancy (Two Double Beds)

Smoking Room     Non - Smoking Room     Other \_\_\_\_\_

Special requests are filled on a first come first serve basis. Reservations not cancelled 48 hours prior to day of arrival will incur a fee of \$175.00, plus all other applicable charges. A late fee of \$50.00 applies to reservations received after 7/2/10. PCPA cannot guarantee availability after 7/2/10.

### 3 Meal Tickets ....(price per person)

Subtotal \$

Please note registered Exhibitors have 3 Sunday Carnival & Dinner tickets and 3 Monday lunch tickets included

__ Monday Breakfast	\$15	__ Sunday Carnival Night & Dinner	\$55
__ Monday Lunch	\$25	__ Monday Chiefs Challenge & Dinner	\$55
__ Tuesday Breakfast	\$15	__ Tuesday President's Reception & Dinner	\$55
__ Tuesday Lunch	\$25	__ Wednesday Annual Banquet	\$65
__ Wednesday Breakfast	\$15		
__ Wednesday Lunch	\$25		

### 4 Methods of Payment

Grand Total \$

My check made out to PCPA in the amount of \$ \_\_\_\_\_ Check Number \_\_\_\_\_ is enclosed

VISA/MASTER CARD/DISCOVER Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP \_\_\_\_\_

Billing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_