



Conference: August 17-19, 2010
 Expo: August 18-19, 2010
 Range Day: August 20, 2010
 Dulles Expo & Conference Center, Chantilly, VA

Fax: (817) 277-7616
*Incomplete registration forms will not be processed.
 You will be required to provide credentials at the show.
 NO ONE UNDER 18 YEARS OF AGE WILL BE ADMITTED.*

POLICE-TREXPO Special (Two-for-One!)
Bring a friend and receive a two-for-one rate!

Registration #1
Full Conference \$249
 Includes access to all Seminars, Exhibit Hall,
 Keynote, Reception and Range Day
Complimentary 1-Year Subscription to POLICE Magazine!

Registration #2
Full Conference FREE!
 Includes access to all Seminars, Exhibit Hall,
 Keynote, Reception and Range Day
Complimentary 1-Year Subscription to POLICE Magazine!

ADMITTANCE POLICY
 Admittance to POLICE-TREXPO is strictly restricted to qualified law enforcement, military, corrections, government, security and personal protection personnel, and invited foreign officials. Official credentials and/or identification must be presented for admittance to the conference and expo. The Credentials Committee has the final admittance authority. POLICE-TREXPO reserves the right to refuse admittance to anyone who does not have proper credentials. POLICE-TREXPO is a private event not open to the public. No one under 18yrs of age will be admitted. Cameras & other recording devices are strictly prohibited.

CANCELLATION POLICY
 Cancellation for the conference must be made in writing to POLICE-TREXPO to qualify for a refund. Please forward your cancellation letter to: POLICE-TREXPO, c/o Custom Registration, Inc., 2020 E. Randol Mill Rd., Ste. 307, Arlington, TX 76011, Fax: (817) 277-7616, Email: webreg@customreg.com.

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

By providing this information you grant Bobit Business Media the right to contact you regarding your registration, as well as to receive updates on POLICE-TREXPO and/or updates and promotional material sponsors.

Date of Birth:
 Date of birth is required in order to receive continuing education credit. If you do not wish to receive credit, you may leave this portion blank.

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

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Check an Entry For Each Of The Three Categories That Pertain To You.

Job Classification	Your Assignment
<input type="checkbox"/> Officer/Deputy/Trooper	<input type="checkbox"/> SWAT
<input type="checkbox"/> Special/Federal Agent	<input type="checkbox"/> Patrol
<input type="checkbox"/> Detective/Investigator/Inspector	<input type="checkbox"/> Administration
<input type="checkbox"/> Director/Dept. Head/Manager	<input type="checkbox"/> Anti-Drug
<input type="checkbox"/> Sergeant/Lieutenant	<input type="checkbox"/> Anti-Gang
<input type="checkbox"/> Captain/Commander/Major	<input type="checkbox"/> Arms/Firearms
<input type="checkbox"/> Chief/Sheriff/Superintendent	<input type="checkbox"/> Investigations
<input type="checkbox"/> Other _____	<input type="checkbox"/> Counter-Terrorism
	<input type="checkbox"/> Training
	<input type="checkbox"/> Tech/IT
	<input type="checkbox"/> Other _____

Type of Agency

Non-Federal	Federal
<input type="checkbox"/> Municipal/Local	<input type="checkbox"/> ATF
<input type="checkbox"/> County	<input type="checkbox"/> Dept. of Homeland Security
<input type="checkbox"/> State	<input type="checkbox"/> U.S. Marshals Service
<input type="checkbox"/> Military	<input type="checkbox"/> FBI
<input type="checkbox"/> Private Security	<input type="checkbox"/> DEA
<input type="checkbox"/> Academy/School/Training Ctr.	<input type="checkbox"/> DOD
<input type="checkbox"/> Corrections	<input type="checkbox"/> Federal Bureau of Prisons
<input type="checkbox"/> Campus Safety	<input type="checkbox"/> CIA
<input type="checkbox"/> Tactical Medicine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

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<input type="checkbox"/> State	<input type="checkbox"/> U.S. Marshals Service
<input type="checkbox"/> Military	<input type="checkbox"/> FBI
<input type="checkbox"/> Private Security	<input type="checkbox"/> DEA
<input type="checkbox"/> Academy/School/Training Ctr.	<input type="checkbox"/> DOD
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<input type="checkbox"/> Tactical Medicine	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

Questions? Please call (800) 576-8788

Please contact me about special needs.

Source Code: Buddy10E

Please fax your completed form for each Two-for-one to:
(817) 277-7616

Payment Information

Total Cost: \$ _____

VISA MasterCard AMEX
 Discover Check Purchase Order
 (Checks & PO's Payable to Bobit Business Media)

Cardholder Name: _____

Card Number: _____ Exp. _____

Signature: _____

Payment Information #2
 (use this column if you'd like to pay separately, and please indicate costs)

Total Cost: \$ _____

VISA MasterCard AMEX
 Discover Check Purchase Order
 (Checks & PO's Payable to Bobit Business Media)

Cardholder Name: _____

Card Number: _____ Exp. _____

Signature: _____