

# NCPAA 2009 CONFERENCE REGISTRATION FORM



11<sup>th</sup> ANNUAL  
 NATIONAL CITIZENS POLICE ACADEMY ASSOCIATION  
 MAY 6 – 9, 2009  
 ANCHORAGE, ALASKA

Online registration will be available on December 1, 2008

Please fill out the registration form completely. Use a separate form for each person. You may photocopy this form for your convenience.

### PAYMENT

BEFORE this form can be processed, it must be completed and returned to the address indicated below with full payment. Checks, Money Orders, and Credit Cards will be accepted. **DO NOT SEND CASH!** If a purchase order must be made, payment must be received prior to the end of the listed registration period to be eligible for the advance or normal registration fee. Payment should be made to:

**NCPAA CONFERENCE**

### CONFIRMATION

A confirmation of your registration will be sent to you upon receipt of your registration form and payment.

### CANCELLATIONS

All cancellations must be made **IN WRITING**. A refund, less a \$40.00 administrative fee, will be returned to you. All request for refunds must be received by April 15, 2009. No refunds will be issued after that date.

### MAILING ADDRESS

After completing the registration form and attaching your payment, please mail to:

**ADS/NCPAA**

**639 W. INTERNATIONAL AIRPORT RD #26  
 ANCHORAGE, AK 995518**

### QUESTIONS

If you have any questions, please feel free to contact:

NCPAA CONFERENCE RESISTRAR

Alaska Destination Specialists

PH:(907) 276-5504 E-mail char@alaskadestinations.com

### CHECK THE FOLLOWING IF APPLICABLE:

- I plan to attend the CPA Foundation Class  
 Beginning at 9:00 AM on May 5, 2009
- Check if your organization is submitting any nomination(s) for an Award.

Deadline for submissions is: March 22, 2009

First Name	M.I.	Last Name
Is this Membership..... Are you.....		
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Sworn <input type="checkbox"/> Civilian		
E-mail Address		
<b>BOX 1 SWORN OFFICER INFORMATION</b>		
Rank/Occupation		
Name of Law Enforcement Agency		
Agency Address		
City, State, Zip		
Agency Phone Number (      )		
Agency Fax Number (      )		
<b>Box 2 CIVILIAN INFORMATION</b>		
Name of Agency, Organization, CPAA Assoc.		
Occupation		
Title (If Applicable)		
Address		
City, State, Zip		
Phone Number (    )		
Fax Number (    )		
<b>BOX 3 PERSONAL INFORMATION</b>		
Home Address		
City, State, Zip		
Home Phone		
<b>MAILING ADDRESS FOR NCPAA MAILINGS</b>		
<input type="checkbox"/> SAME AS BOX 1 <input type="checkbox"/> SAME AS BOX 2 <input type="checkbox"/> HOME ADDRESS		
<b>REGISTRANT'S SHIRT SIZE (Please check one)</b>		
<input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		

REGISTRATION FEES: (INCLUDES BRUNCH/ LUNCH AND DINNER)			
Advance Registration (December 1, 2008 - February 3, 2009).....	.....	\$ 225.00	\$ _____
Normal Registration (Between February 4, 2009 - March 17, 2009)	.....	\$ 275.00	\$ _____
Late/On Site Registration (March 17, 2009 - May 5, 2009).....	.....	\$ 350.00	\$ _____
Pre Conference Courses: Women's Self Defense Course.....	.....	\$ 75.00	\$ _____
<b>GUEST FEES:</b>			
Opening Ceremony Brunch.....	.....	\$ 15.00	\$ _____
Iditarod Dinner.....	.....	\$ 35.00	\$ _____
Marine Safety Seminar & Dinner Cruise.....	.....	\$ 125.00	\$ _____
Duct Tape Awards Ball.....	.....	\$ 35.00	\$ _____
<b>VENDOR EXHIBIT SPACE</b>			
Alumni/Non Profit (small table with 2 chairs).....	.....	\$ 500.00	\$ _____
Private/For Profit (large table, 2 chairs, 1 Conference Registration).....	.....	\$ 750.00	\$ _____
<b>TOTAL AMOUNT DUE</b>		\$ _____	\$ _____

1). Personal Data

*Please print legibly*

First Name:  Last Name:   
 E-Mail:  Hotel:   
 Address:  Day Phone:   
 City:  Province/State:  Postal/Zip:

2). Hilton Anchorage Hotel Room Reservation:

Arrival Date:  Departure Date:

\$119 + 12% tax per night

Room Type Preference:  King Bed  Two Double Beds **ALL ROOMS ARE NON SMOKING UNLESS REQUESTED OTHERWISE.**

**Credit Card Guarantee:** *\*Card will not be charged in advance. This is for guarantee only. Please see cancellation policy below*

Card Type:  Visa  MasterCard  American Express  Discover Card Expiration Date:

Card Number:  Name on Card:

3). Group Tour (see tour description page for tour details – *all tours require minimum number of participants to operate*)

Tour Name	Date	# people	Price P/P	Total
AK Wildlife Center & Alyeska Jade Shop Tour	May 6, 2009	@	\$ 99.00	
Alaska Five Stand Shooting Range	May 6, 2009	@	\$ 125.00	
Gray Whale Watch Tour	May 9, 2009	@	\$ 165.00	

**Optional Tours** (see tour description page for tour details – *all tours require minimum number of participants to operate*)

Tour Name	Dates (May 4-8, 2009)	# people	Price P/P	Total
Denali National Park Flight seeing		@	\$ 365.00	\$
Guided Mountain Biking		@	\$ 85.00	\$

4). Payment

**TOTAL \$ \_\_\_\_\_**

Check method of payment:  Visa  MasterCard  American Express  Discover Card  Check  
 Mail check payment with completed registration form to: **ADS / NCPAA**, 639 W. Int'l Airport Rd. Ste 26, Anchorage, AK 99518 USA. When paying by check or money order through the mail, **please do not** also register via fax. You will receive an acknowledgement that we have received your registration through email within 24 hours after receipt (next business day).

**If paying with credit card, please complete the following:**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Printed Cardholder Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Cardholder Authorization Signature: \_\_\_\_\_

Total amount authorized to charge credit card for tours per signature above:

\$

Please book early to guarantee space on the trip of your choice. Reservations will be awarded on a first come first served basis.

All tours must be paid in full at time of booking. **All tours are non refundable once paid.**

**Alaska Destination Specialists strongly suggests purchase of travel insurance.**

An option for travel insurance is **TRAVELEX** at 1-800-228-9792 or [www.travelexinsurance.com](http://www.travelexinsurance.com)

**Hotel Cancellation Policy:** A credit card is required to guarantee your room reservation prior to arrival. Cancellations must be made through Alaska Destination Specialists in writing, via fax (907) 929-5707 or via email, a minimum of 72 hours prior to arrival date to avoid a charge of one night's room and tax to your credit card.

**Reservations accepted through April 25, 2009 - (Please Book Early - Space is Limited)**

**Print this application and fax it to: (907) 929-5707**

Alaska Destination Specialists/NCPAA

639 W. Int'l Airport Rd. Ste 26 – Anchorage, AK 99518 - Phone: (907) 276-5550