



ATAP 27th Annual Threat Management Conference
August 15-18, 2017
Disneyland Resort Hotel

Please fill out the information below and bring this form with you to expedite the onsite registration process.

ONSITE REGISTRATION FORM

Attendee Information

* Please attach a business card

Name: _____ Title: _____
Company: _____
Address: _____
City, State, Zip: _____
E-mail: _____ Phone: _____

	COST
<input type="checkbox"/> Active Law Enforcement:	\$650
<input type="checkbox"/> ATAP Applying New Member: <i>*Includes your one time Application Fee</i>	\$830
<input type="checkbox"/> ATAP Members:	\$650
<input type="checkbox"/> Non-Law Enforcement/Non-ATAP Members:	\$725
<input type="checkbox"/> Students	\$500

*School Name _____ *Instructor's Name _____

PAYMENT

Payment options include: Check, Cash, Credit Card

Total Amount Due: _____
 Check #: _____
 Cash
 Credit Card Type: _____
Name on the Card: _____
Card Number: _____ **Security Code:** _____
Expiration: _____ **Billing Zip Code:** _____
Billing Address: _____
Authorized Signature: _____



Substitute Attendees:

If you are attending in place of another registered attendee, please provide the registered attendee's name here:

REGISTRATION NOTES: