



**ATAP Winter Conference
January 23-24, 2018
Disney's Grand Floridian Resort**

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:	\$395
<input type="checkbox"/> ATAP Members:	\$395
<input type="checkbox"/> Non-Law Enforcement/Non-ATAP Members:	\$475
<input type="checkbox"/> Students	\$275

**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: