



March 18-23, 2019
 Union Station Hotel
 St. Louis, MO

REGISTER ONLINE AND SAVE \$\$

You can save \$20 by completing this registration online even if you intend to pay by check.; p.o.; or have multiple registrations and want a single invoice. See the instructions on the registration page.

Please be accurate when completing this form, since this information is used to print your conference certificate, your conference ID badge, and for training record purposes. **You MUST be an ILEETA member to attend, if not please complete section 2. If e-mailing this form to ILEETA at info@ileeta.org, please save and re-name the file using your conference badge name and "2018crf". For example: John_A_Smith_2019crf. If you e-mail your registration you will receive a confirmation reply within 3 business days.**

Section 1 - Conference Attendee Information

If not an ILEETA Member, complete membership application in Section 2

Name	Last		First		M.I.	
Title/Rank			Agency			
Agency Street Address				City		
State	Zip		Agency Phone			
Agency Fax			Agency E-Mail			
Home Street Address				City		
State	Zip		Home Phone			
Home E-Mail				Country		
Preferred Contact	<input type="checkbox"/> Home	<input type="checkbox"/> Agency	Web site if applicable			
Check those that apply: <input type="checkbox"/> Criminal Justice Educator <input type="checkbox"/> Public Agency Trainer <input type="checkbox"/> Privately Employed Trainer						
<input type="checkbox"/> Training Manager <input type="checkbox"/> Field Training Officer <input type="checkbox"/> Researcher/Author <input type="checkbox"/> Other – describe						
Check those that apply: Type of training conducted: <input type="checkbox"/> General subjects <input type="checkbox"/> Use of force <input type="checkbox"/> Safety/Wellness <input type="checkbox"/> Firearms						
<input type="checkbox"/> Investigations <input type="checkbox"/> Defensive tactics <input type="checkbox"/> Other – describe						

Section 2 – New ILEETA Member Application – ILEETA Members Do Not Complete

Please provide verification that you are an instructor in the field of criminal justice. Describe in the space provided the nature of your instruction/training. Additional information such as trainer certification or testimonial/reference letter may be attached to this e-mail/mail/fax (two documents maximum). We will contact you if additional information is required.

Supervisor or Client who can verify you the above						
Contact Info for above	Phone		E mail			
ILEETA Sponsor Name if Any						

Payment Information: Full Payment Must Be Made Prior To The Conference - NO EXCEPTIONS!!

<input type="checkbox"/> Conference Registration \$417 <input type="checkbox"/> New Membership \$50 <input type="checkbox"/> Renewal Membership One Year \$45 <input type="checkbox"/> Renewal Membership Three Year \$120						
Payment Type	<input type="checkbox"/> Credit Card (VISA/Mastercard) <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Purchase Order(before 2/23/19)/Other					
Card/P.O. Number				Expires		
Name as it appears on the card						

Fax completed form to 262-767-1813 or Save file and sent as attachment to: INFO@ILEETA.ORG OR PRINT AND MAIL TO: 8150 WHITE OAK AVE, MUNSTER, IN, 46321 Any questions contact ILEETA at 262.767.1406 OR E MAIL INFO@ILEETA.ORG OR GO TO WWW.ILEETA.ORG