

**REGISTER ONLINE AND SAVE \$\$**

You can save \$10 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](mailto:info@ileeta.org), please save and re-name the file using your conference badge name and "2021crf". For example: John\_A\_Smith\_2021crf. **If you e-mail your registration you will receive a confirmation reply within 3 business**

**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:  Criminal Justice Educator  Public Agency Trainer  Privately Employed Trainer  
 Training Manager  Field Training Officer  Researcher/Author  Other – describe

Check those that apply: Type of training conducted:  General subjects  Use of force  Safety/Wellness  Firearms  
 Investigations  Defensive tactics  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 \$420 <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) Other <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Purchase Order(before
Card/P.O. Number	Expires
Name as it appears on the card	

**Save file and send as attachment to:**  
**[INFO@ILEETA.ORG](mailto: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](mailto:INFO@ILEETA.ORG) OR GO TO [WWW.ILEETA.ORG](http://WWW.ILEETA.ORG)**