

2017 INTERNATIONAL TERRORISM AND ORGANIZED CRIME CONFERENCE

JUNE 12 ~ JUNE 16, 2017

Print name as it should appear on certificate: (Please complete one form per attendee.)

Name: _____

Rank/Title: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone No.: _____ **Email Address:** _____

REGISTRATION FEE: US\$450 US\$495 (if postmarked after 5/12/17)

METHOD OF PAYMENT: Check, payable to AGIAC

VISA MasterCard

Name (as it appears on credit card): _____

Credit Card Number (include all digits): _____

Expiration Date (MM/YYYY): _____

Street Number and Zip Code of CC billing address: _____

(Example: 1600 Main Street, Glendale, CA 91204 – enter 1600 and 91204 in space above.)

Signature of cardholder: _____

All credit card cancellations will be subject to a US\$100 cancellation fee. All requests for refunds must be received by AGIAC in writing. All refunds will be processed after June 16th.

FOR OFFICE USE ONLY:

Date received: _____ Amount received: \$ _____ Check No.: _____

CC proc'g date: _____ Confirmation No.: _____

CC: _____

PLEASE FAX COMPLETED FORM TO: (626) 858-0820

OR MAIL FORM & CHECK TO:

2648 E. Workman Avenue, Suite 3001-218, West Covina, California 91791