



21st Annual C.B.I.A. Training Conference

October 28 -30, 2019

OMNI RANCHO LAS PALMAS RESORT ~ 41000 BOB HOPE DR.
RANCHO MIRAGE, CA 92770
1-800-THE-OMNI

Questions regarding conference/training/hotel, please contact Victoria Foster @ 714/478-7196 (or) 714/741-5569

ATTENDEE INFORMATION ONLY:

ATTENDEE Name _____

Agency _____

Address _____

City/State/Zip _____

ATTENDEE Work Number _____

ATTENDEE FAX Number _____

ATTENDEE Cell Number _____

ATTENDEE'S E-Mail _____

POST ID# -OR- last 4#s of SSN _____

SCAN/E-MAIL FORM AS AN ATTACHMENT TO: membershipchair@scbia.com

or U.S. MAIL TO: CBIA, POB 2127, YORBA LINDA, CA 92885-1327

or FAX TO (24/7~SECURED): 714/524-6360

(NOTE: When faxing, wait until CBIA v-message announcement ends; fax tone will activate and accept fax)

- 1) COMPLETE/PRINT/RETURN the conference registration form using one of the above options**;
- 2) Please: Only ONE attendee per registration form;
- 3) Complete ALL highlighted areas; the information on this form is for the **ATTENDEE ONLY**;
- 4) If faxing registration form & confirmation is needed, please advise contact name on cover sheet;
- 5) If no confirmation needed, registration form can be faxed without a fax cover page;
- 6) Please complete section below to RSVP for the **Hospitality Night, SUNDAY - OCT. 27 @ 5PM** hosted at the hotel.
- 7) **IMPORTANT:** If the attendee is **NOT** a current member in CBIA, please have them complete and submit their on-line membership application form located on the home page of the website (www.scbia.com) and return it with their conference paperwork. **PLEASE ADD EMAIL ADDRESS WHERE CREDIT CARD RECEIPT IS TO BE EMAILED.****

NOTE: Your cancelled check is your receipt; credit card receipt(s) will be e-mailed and/or faxed.

SYMPOSIUM FEE : \$325**

****\$60 of your conference fee goes towards
your 2019 membership dues.**

****REMINDER: SYMPOSIUM IS NOT
P.O.S.T. REIMBURSALE****

*If attending our Hospitality Night on Sun., 10/27 @ 5-PM,
please check box to RSVP and advise how many will be
attending in your party:*

Payment

Check (MAKE PAYABLE TO CBIA)

Credit Card Type _____

Card Number _____

Expiration Date (MM/YY) _____

Cardholder's Name _____

UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH CBIA, PAYMENT MUST ACCOMPANY YOUR REGISTRATION FORM. Registration forms received w/o payment will not be processed until payment has been received. CANCELLATIONS MUST BE REQUESTED IN WRITING NO LATER THAN OCT. 15, 2019 BY 5-PM. A \$50 cancellation fee will be charged **AFTER that date ~ **NO EXCEPTIONS.** All attendees must be affiliated with a public safety agency and identification WILL BE REQUIRED at conference check in.**