



22nd ANNUAL C.B.I.A. TRAINING CONFERENCE

OCTOBER 25-27, 2021

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 **

REGISTERED ATTENDEE INFORMATION ONLY:

Name _____
Agency _____
Address _____
City/State/Zip _____

Work Phone _____
FAX Number _____
Cell Phone _____
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

- 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 and 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) IMPORTANT: If the attendee is **NOT** a current member in CBIA, please have them complete the membership application form attached.

Your cancelled check is your receipt; credit card receipt(s) will be e-mailed and/or faxed. WE ACCEPT VISA OR MASTERCARD ONLY.

CONFERENCE FEE: \$325**

****fee includes your \$60 membership dues for 2022**

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

*If attending our Hospitality Night on Sun., 10/24 @ 5-PM,
please advise how many will be attending in your party.*

Payment

IF PAYING BY CHECK, MAKE OUT TO C.B.I.A.

Credit Card Type _____

Card Number _____

Expiration Date (MM/YY) _____

E-Mail to send receipt** _____

PAYMENT MUST ACCOMPANY YOUR REGISTRATION FORM. Registration forms received w/o payment will not be processed until payment has been received. *All attendees must be affiliated with a public safety agency (employee or a contracted vendor); ID will be required at conference check-in.*

NOTE: CANCELLATIONS AFTER SEPT. 24 WILL INCUR A \$125 CANCELLATION FEE; NO EXCEPTIONS.

For office use only: DATE REC'D _____ NEED APP? _____ ENT'D D/B? _____ HOTEL RES? _____

MISC _____