



# Montana Sheriffs and Peace Officers Association 2017 CONVENTION

*June 13 - 16, 2017*

*Radisson Colonial Hotel • Helena, Montana*

## -- Convention Information and Registration Form --

### HOTEL INFORMATION

**Radisson Colonial Hotel** – All training will take place at this hotel property.

2301 Colonial Dr., Helena, MT 59601

Call today to make your sleeping room reservations at the Radisson Colonial Hotel at 406-443-2100. Let the hotel know you are with the MT Sheriffs and Peace Officers and be sure to tell them you are a Law Enforcement Officer your room should be at the state rate. The block rate is \$95 for a Single Queen and \$108 for a Double Queen + taxes and fees. All rooms are released on a first-come, first-served basis. **MAKE YOUR SLEEPING ROOM RESERVATIONS TODAY!**

### Additional Sleeping Room Blocks

#### **Fairfield Inn & Suites**

2150 11<sup>th</sup> Ave., Helena, MT. 59601 (This hotel is about a block away from the Radisson Colonial).

Call 406-449-9944 to make sleeping room reservations at the Fairfield Inn. The rate is \$103 + tax per night.

You must make your sleeping room reservations by **May 8, 2017** to receive the group rate. There are a limited number of sleeping rooms at the group rate that will be released on a first-come, first-served basis. The room rate is available until the cutoff date OR until the MSPOA block is full, whichever comes first.

**When you make your reservations, be sure to tell the hotels you are part of the Montana Sheriffs and Peace Officers Association Convention and that you are a Law Enforcement Officer to receive the block rate.**

### TERMS & CONDITIONS

All cancellation and refund requests can be made to MSPOA no later than Monday, June 5, 2017. MSPOA will retain a \$25 administrative charge on all refund requests received before June 5, 2017. Cancellations received AFTER June 5, 2017 will be assessed a \$100 administrative fee. You CAN send an alternate person if the original registrant is unable to attend. Please inform MSPOA of this change. If you DO NOT show and DO NOT cancel, you are still obligated to pay.

### REGISTRATION AND PAYMENT

**Mail:** MSPOA, 34 West 6<sup>th</sup> Ave., Ste. 2E, Helena, MT 59601. Make all checks payable to MSPOA.

**Email:** [contact@smithandmcgowan.com](mailto:contact@smithandmcgowan.com)

**Online:** Additional copies available at [www.mspoa.org](http://www.mspoa.org)

### TRAINING INFORMATION

Training on Wednesday, June 14 will be provided by Dr. Kevin Gilmartin on Emotional Survival for Law Enforcement. This promises to be interesting and relevant training for all types of law enforcement and all ranks/levels of Law Enforcement Officers.

## REGISTRANT INFORMATION

Association: ☐ MSPOA Member ☐ Other: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
County/Agency/Organization: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Tee Shirt Size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

## REGISTRATION OPTIONS

Check (✓) your registration choice

☐ **Full Registration – MSPOA Member** – Tuesday, June 13 – Friday, June 16 \_\_\_\_\_\$235.00  
*Registration includes all training, meetings, meals, BBQ, banquet*

☐ **Full Registration – Non-Member** – Tuesday, June 13 – Friday, June 16 \_\_\_\_\_\$285.00  
*Registration includes all training, meetings, meals, BBQ, banquet*

☐ **Detention Officer Training – ONE DAY ONLY – Tuesday, June 13** \_\_\_\_\_\$195.00  
*Registration includes training and lunch*

☐ **General Session – ONE DAY ONLY – Wednesday, June 14** \_\_\_\_\_\$195.00  
*Registration includes training and lunch*

☐ **Spouse/Guest Registration** \_\_\_\_\_\$100.00  
*Registration includes meals and banquet*

**Total from this section: \$**\_\_\_\_\_

## OPTIONAL SPECIAL EVENTS REGISTRATION

Check (✓) your registration choice & indicate the number of people

			Price/Person		TOTAL
<input type="checkbox"/> Pistol Shoot – Plan to provide your own gun & ammo	____Qty	x	\$ 25.00	=	\$ _____
<input type="checkbox"/> Additional Operation LifeSaver BBQ tickets – Wed.	____Qty	x	\$ 25.00	=	\$ _____
<input type="checkbox"/> Golf (Includes Green Fee & Cart) – Thursday afternoon	____Qty	x	\$ 65.00	=	\$ _____
<input type="checkbox"/> Bowling (Lane Fee & Shoe Rental) – Thursday afternoon	____Qty	x	\$ 15.00	=	\$ _____
<input type="checkbox"/> Additional Banquet Tickets – Thursday night	____Qty	x	\$ 35.00	=	\$ _____

**Total from this section: \$**\_\_\_\_\_

Over ➔

## FINANCIAL SUMMARY – Total from ALL Sections

\$\_\_\_\_\_ **AGENCY TOTAL** (*Agencies/employers usually cover training only*)

**Agency Payment Option** (✓ one option)

\_\_\_ Check Enclosed      \_\_\_ Payment in Process      \_\_\_ Please Invoice      \_\_\_ Credit Card

**Indicate which type of credit card** (✓ one option)

\_\_\_ Discover      \_\_\_ Master Card      \_\_\_ Visa      \_\_\_ AMEX

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_/\_\_\_\_      CVV Code \_\_\_\_

Signature \_\_\_\_\_      Billing Zip Code \_\_\_\_\_

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\$\_\_\_\_\_ **PERSONAL TOTAL** (*Individuals usually cover guest registration and optional events*)

**Personal Payment Option** (✓ one option)

\_\_\_ Check Enclosed      \_\_\_ Payment in Process      \_\_\_ Please Invoice      \_\_\_ Credit Card

**Indicate which type of credit card** (✓ one option)

\_\_\_ Discover      \_\_\_ Master Card      \_\_\_ Visa      \_\_\_ AMEX

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date \_\_\_\_/\_\_\_\_      CVV Code \_\_\_\_

Signature \_\_\_\_\_      Billing Zip Code \_\_\_\_\_

**\*\* All credit card payments are processed through PayPal.**

## SPOUSE/GUEST REGISTRATION

*\*It is only necessary to complete this section if your spouse will be joining you for ALL meals. If your spouse/guest only intend to join you for the Operation LifeSaver BBQ or Annual Banquet, indicate the number of extra tickets in the "Optional Special Events Registration" section.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship:      \_\_\_ Spouse      \_\_\_ Guest      \_\_\_ Other \_\_\_\_\_

## SPECIAL NEEDS

*If you have any special needs or dietary restrictions, please indicate below.*

\_\_\_\_\_