



MISSOURI STATE HIGHWAY PATROL 2014 NATIONAL HOMICIDE SEMINAR

October 19-23, 2014

REGISTRATION FORM

ATTENDEE INFORMATION

FULL NAME AND RANK: _____

NAME AS YOU WOULD LIKE IT TO APPEAR ON NAMETAG: _____

AGENCY: _____

ADDRESS: _____ Email _____

TELEPHONE: _____ FAX: _____

WILL YOUR SPOUSE BE ACCOMPANYING YOU? ____ YES ____ NO

SPOUSE'S NAME: _____

ATTENDEE REGISTRATION FEE \$395 SPOUSE REGISTRATION FEE \$90

MAKE CHECK PAYABLE TO:

MISSOURI STATE TROOPERS' ASSOCIATION Tax ID # 43-1253773

PLEASE ENCLOSE CHECK, 2 BUSINESS CARDS (per attendee), AND 1 AGENCY SHOULDER
PATCH (per agency)

To Make Lodging Reservations, Please Call: 888-627-8538 or 816-474-4400

Be Sure to Tell the Hotel You Will Be Attending the Missouri State Highway Patrol Homicide Seminar

OR register online at:

<https://www.starwoodmeeting.com/StarGroupsWeb/res?id=1403245439&key=77316B5>

____ I have made lodging reservations with the Westin Crown Center Confirmation # _____

____ I have not made lodging reservations at this time

____ I will not require lodging

REGISTRATION FORM AND FEE(S) MUST BE RECEIVED BEFORE October 1, 2014

PLEASE SEND FORM TO: MISSOURI STATE
HIGHWAY PATROL DIVISION OF DRUG
AND CRIME CONTROL POST OFFICE BOX

568

JEFFERSON CITY, MO 65102
573-751-3452 FAX 573-526-5577
ddccmail@mshp.dps.mo.gov

For DDCC Use Only

Invoice # _____

Date _____

Receipt # _____

Date _____