

THE Campus Safety Conference

Attendee Registration Form
 March 30-31, 2010
 Long Beach Convention Center, Long Beach, CA

<p>Please Complete a Form for Each Registrant</p>	<p>Register as a Group: \$249 for up to 4 people*! Special buy one, get three FREE!</p>												
<p>Two Convenient Ways to Register: Fax: (817) 277-7616 Mail: Campus Safety Conference c/o Custom Registration, Inc. 2020 E. Randol Mill Rd., Ste. 307 Arlington, TX 76011</p> <p>Visit www.CampusSafetyConference.com or call (800) 576-8788 for more information.</p>	<p style="text-align: center;">Sign Up By March 12th & Save!</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Early Bird By 3/12/10</th> <th style="width: 20%; text-align: center;">Regular Rate after 3/12/10</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Full Conference <i>(same rate, up to 4 people*)</i></td> <td style="text-align: center;">\$249</td> <td style="text-align: center;">\$299</td> </tr> <tr> <td><input type="checkbox"/> Spouse Pass <i>(includes meals & reception)</i></td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$85</td> </tr> <tr> <td><input type="checkbox"/> Supplier Pass <i>(includes meals & reception)</i></td> <td style="text-align: center;">\$175</td> <td style="text-align: center;">\$225</td> </tr> </tbody> </table>		Early Bird By 3/12/10	Regular Rate after 3/12/10	<input type="checkbox"/> Full Conference <i>(same rate, up to 4 people*)</i>	\$249	\$299	<input type="checkbox"/> Spouse Pass <i>(includes meals & reception)</i>	\$65	\$85	<input type="checkbox"/> Supplier Pass <i>(includes meals & reception)</i>	\$175	\$225
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<p>Name _____</p> <p>Organization _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p>Cell Phone _____</p>	<p style="text-align: center;">Please Check an Entry for Each of the Three Categories that Pertain to You.</p> <p>Do you recommend, budget for, authorize or purchase electronic/physical security equipment and related services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which best describes your institution? <input type="checkbox"/> School District (K-12) <input type="checkbox"/> College / University <input type="checkbox"/> Hospital <input type="checkbox"/> GPO / Health System <input type="checkbox"/> Other (please specify) _____</p> <p>Is your Institution... <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Which BEST describes your title or job function? <input type="checkbox"/> Campus Police Chief or Director of Public Safety & Security <input type="checkbox"/> District Superintendent of Schools <input type="checkbox"/> Director of Administrative Services/Purchasing/Finance <input type="checkbox"/> Director of Facilities, Operations, Physical Plant, Maintenance <input type="checkbox"/> CIO / MIS / IT Systems and Communications <input type="checkbox"/> Other (please specify) _____</p> <p>Choose & Answer only ONE category that best describes your institution:</p> <p>School District (total enrollment) <input type="checkbox"/> 200,000+ <input type="checkbox"/> 100,000 - 199,999 <input type="checkbox"/> 50,000 - 99,999 <input type="checkbox"/> 10,000 - 49,999 <input type="checkbox"/> 4,000 - 9,999 <input type="checkbox"/> Under 3,999</p> <p>College/University (total enrollment) <input type="checkbox"/> 50,000+ <input type="checkbox"/> 40,000 - 49,999 <input type="checkbox"/> 30,000 - 39,999 <input type="checkbox"/> 20,000 - 29,999 <input type="checkbox"/> 10,000 - 19,999 <input type="checkbox"/> 1,000 - 9,999 <input type="checkbox"/> Under 999</p> <p>University Hospital/GPO/Health System (total # beds) <input type="checkbox"/> 1,000+ <input type="checkbox"/> 500 - 999 <input type="checkbox"/> 400 - 499 <input type="checkbox"/> 300 - 399 <input type="checkbox"/> 200 - 299 <input type="checkbox"/> 100 - 199 <input type="checkbox"/> Under 100</p>												
<p style="text-align: center;">*Please complete a separate form for each registrant if registering as a group.</p> <p>By providing this information you grant Bobit Business Media the right to contact you regarding your registration, as well as to receive updates on Campus Safety Conference and/or updates and promotional material sponsors.</p> <p>Would you like to receive text alerts regarding the show? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>SOURCE CODE: GROUP</p>												
<p style="text-align: center;">CANCELLATION POLICY</p> <p>Cancellation for the conference must be made in writing and must be postmarked before March 12, 2010 to qualify for a refund. Please forward your cancellation letter to: Campus Safety Conference, c/o Custom Registration, Inc., 2020 E. Randol Mill Rd., Ste. 307, Arlington, TX 76011, Fax: (817) 277-7616, Email: webreg@customreg.com. Call (800) 576-8788 for more Information.</p> <p style="text-align: center;">ADMITTANCE POLICY</p> <p>Admittance to Campus Safety Conference is open to qualified Campus Safety personnel. We reserve the right to refuse admittance to anyone who does not have proper credentials. This is a private event not open to the public. No one under 18yrs of age will be admitted. Cameras & other recording devices are strictly prohibited.</p>	<p style="text-align: center;">Payment Information</p> <p style="text-align: right;">Total Costs: _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> P.O. (Please make checks & PO's payable to Bobit Business Media)</p> <p>Cardholder Name: _____</p> <p>Card Number: _____ Exp. Date: _____</p> <p>Signature: _____</p> <p style="text-align: center;">*Please complete a separate form for each registrant if registering as a group.</p> <p style="text-align: center;"><input type="checkbox"/> Please contact me about special needs. </p>												