2016 School Safety Conference
For Officers, Educators and Security
Talking Stick Resort
9800 East Indian Bend Rd., Scottsdale, AZ 85256
(480) 850 – 7777
June 20th-23rd, 2016
www.ASROA.org

SRO:_____   JPO:_____   School Security:_____   School Admin:_____

Attendee Name:_____   Agency:_____

Agency Address:_____

School:_____   Email:_____

Office Phone:_____   Cell Phone:_____

For Group Registration – Each attendee must complete this registration form.

STANDARD REGISTRATION Must be postmarked by **June 1, 2016**

$239 PER PERSON

********Agencies registering (8) or more will receive special pricing of $209 per person. ********
All must be registered at the same time for this pricing.

Registration Includes 2016 ASROA Membership Dues, Discounts on ASROA Hosted Training, Newsletter, Training Materials, Conference Giveaways,
Three (3) Breakfast Buffets, Three (3) Lunch Buffets, Hospitality Night and Evening Activities

LATE REGISTRATION – Postmarked AFTER June 1, 2016
$275 Per Person

NO REFUNDS WILL GIVEN AFTER JUNE 10, 2016

TALKING STICK ROOM RATES – $105.00 per night **Plus Resort Taxes & Fees**
(Call Resort for Exact Amount of room, tax and fees for your stay)
(Mention you are with ASROA & reserve your own room by May 21, 2016 to guarantee these rates)
Call (866) 877-9897 to reserve your room

PAY BY CHECK OR MONEY ORDER: Make checks payable to **ASROA** and mail to **ASROA** **Attention: Registration** **P.O. Box 6469** **Scottsdale, AZ 85261-6469**	**TO PAY BY CREDIT CARD:** **Complete attached Credit Card form or call: 602-391-4119** **FAX: 623-869-6057** **We also have a PayPal account: registration@asroa.org**	**TO PAY BY PURCHASE ORDER:** Complete the registration form and submit with purchase order **email - registration@asroa.org** **Mail – ASROA** **Attention: Registration** **P.O. Box 6469;** **Scottsdale, AZ 85261-6469**

ASROA 2016

Credit Card Authorization

ARIZONA SCHOOL RESOURCE OFFICERS ASSOCIATION

Agencies Contact Information

_____
Agency Name

_____
Address

_____
City   **State**   **Zip**

_____
Contact Name

_____
Phone

_____
Email

Questions Call David Kamleiter at 602-391-4119
Authorization send to Dkamleiter@asroa.org
FAX: 623-869-6057

_____
Authorized Signature

Payment information: ☐Visa ☐MasterCard ☐Amex ☐Discover

_____   _____   _____
Print name as it appears on card   **Credit Card Number**   **VCODE**

_____   _____
Signature   **Expiration Date**   **Zip Code**