

# 14th Annual GAPPI Southeast Investigators Conference

**October 27, 2017**  
**Registration**

Chattahoochee Technical College – North Campus  
5198 Ross Road (Bldg D, Room 400), Acworth, Georgia 30102

GAPPI will conduct a one day training seminar offering EIGHT HOURS OF CONTINUING EDUCATION credit.

### Conference Prices:

	Early Registration Before COB 10/20	Late Registration after COB 10/20	=	\$ _____
GAPPI or other State PI Association Member:	\$99	\$119	=	\$ _____
Non-Member:	\$135	\$155	=	\$ _____
Student:	\$50	\$70	=	\$ _____
Firearm Requalification (Oct 26)	\$50	\$75	=	\$ _____
Each additional Firearm ( ____ X \$25) Cut-off is Oct 23			=	\$ _____

Walk-in registrations welcome based on seating availability Total: = \$ \_\_\_\_\_

### (Please use one form per attendee)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Registration Confirmations will be sent to this email address.*

### I'm a Member of:

GAPPI

NCISS/ISPLA

Other State PI/Security Assn. (Please List): \_\_\_\_\_

### Payment Options:

I have enclosed a check payable to GAPPI for the amount in the "TOTAL" box above.

I want to pay by Credit Card.

Visa | MasterCard | American Express Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_

Exact Name on card: \_\_\_\_\_

Exact Statement Billing Address: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

- Registration includes conference, lunch, light refreshments and attendance certificates.
- Cancellation Deadline is **October 24, 2017**. No refunds will be issued after this time. An alternate may attend with notification to GAPPI.
- Walk-in Registrants will receive conference materials based upon availability.
- Conference seating is classroom style and is **First Come, First Served**. Arrive early for a good seat!
- Returned Check Fee is \$35.00. If using a credit card, your charge will read GAPPI.

### Return payment and registration form to:

**GAPPI • 665 Red Oak Road • Stockbridge, GA 30281**

**fax: 404.768.7767 or email: lisa@ahqi.com • www.gappi.org**