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| **AGENCY INFORMATION** | | | |
| Agency/Company | | | |
| Address | City | State | Zip |
| Agency Contact: | Phone: | | |
| Agency Contact Email | | | |



**C**alifornia **H**omicide **I**nvestigators **A**ssociation

**Group Registration Form**

**Early Bird Registration: $449 (must be paid before 7/11/24)**

**Registration $525 starting on 7/11/24**

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| **MEMBERSHIP REGISTRATION** |
| Each person **must**be an **Active Member to attend the conference. Members must create an account** using **their own email address** and personal password to register. If agency is paying Member fees and Conference fees at once, member still has to create a personal account and membership will register them for conference upon payment. |

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| **MEMBERSHIP REGISTRATION** | | |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |
|  |  |  |
| Member Name: | Rank: | Post ID: |
| Email: | Daytime Phone: | Membership Fee Paid:  YES  NO |

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| **POST COLLEGE FORM** |
| **POST College Form *(CALIFORNIA residents only!)***  All California attendees are responsible for completing the **POST College Form** (highlighted sections only) and bringing this form with you to be collected at the door on registration day. The POST College Forms earn significant funding for **CHIA** that helps offset the costs of the conference which allows **CHIA** to keep our annual costs low. **All California members who do not bring a completed form will be asked to fill one out at the door.** Please do your part and complete the form ahead of time. |

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| **GROUP REGISTRATION PAYMENT** |
| **Payment:**  1. Number of Early Bird Registration: X **$449.00 = $***(registration paid on/before 7/10/24)*  2. Number of Late Registrations X **$525.00 = $***(registration paid after 7/10/24)*  3. Number of Membership Payments *(either New or renewal)* X **$30.00 = $**  **Total Agency Payment Included $** |

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| **PAY BY CREDIT CARD** | |
| **CREDIT CARD** | To pay registration fees via **credit card**, please email this completed form to **CHIA Treasurer Brian McDonald** at [**Treasurer@chia187.com**](mailto:treasurer@chia187.com). You will be sent a secured link to pay the invoice for your group. A receipt for registration and/or membership will be emailed to each member.  You can pay now by clicking on the payment button below.  [PAYMENT](https://www.chia187.com/page-1841981) |

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| **PAY BY CHECK** | |
| **CHECK** | Must be received by July 10, 2024. No exceptions.  To pay via check, please mail your check ***(payable to CHIA)****,* along with this form to:  **California Homicide Investigators Association**  **Attn: Brian McDonald**  **P.O. Box 6298**  **San Jose, California 95150** |