



# Maryland Crime Prevention Association

## 2008 Conference Registration Form October 13 – 16<sup>th</sup>

**Name of Attendee:**

\_\_\_\_\_

**Title**

**First Name**

**MI**

**Last Name**

**Address:**

\_\_\_\_\_

**Address 1**

\_\_\_\_\_

**Address 2**

\_\_\_\_\_

**City**

**State**

**Zipcode**

\_\_\_\_\_

**Email Address**

**Phone Numbers:**

\_\_\_\_\_

**Daytime**

**Evening**

**Company or Organization with which you are affiliated (if applicable):**

\_\_\_\_\_

Please make your check payable to **MCPA** and mail with registration form to:

MCPA  
P. O. Box 42413  
Baltimore, MD 21284-2413

If you have any questions, you may contact Detective Paul Ciepiela, Vice president of MCPA at 410-887-5901.

**We look forward to seeing you at this year's Conference.**

Registration fee enclosed:  Member \$150.00  Non-Member \$200.00

**Or**

\$50.00 per conference day per person. Select which day(s) you will be attending.

Tuesday  Wednesday  Thursday  Friday