

**2011 INTERNATIONAL TERRORISM AND ORGANIZED CRIME CONFERENCE**

**Post Office Box 4241, West Covina, California 91791-0241**

*Print name as it should appear on certificate: (Please complete one form per attendee.)*

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

**Rank/Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**METHOD OF PAYMENT:**  **Check, payable to AGIAC, enclosed for \$425.00**

**VISA**     **MasterCard**     **AMEX**

**Name (as it appears on credit card):** \_\_\_\_\_

**Credit Card Number (include all digits):** \_\_\_\_\_

**Expiration Date (MM/YYYY):** \_\_\_\_\_

**Street Number and Zip Code of CC billing address:** \_\_\_\_\_

*(Example: 1600 Main Street, Glendale, CA 91204 – enter 1600 and 91204 in space above.)*

**Signature of cardholder:** \_\_\_\_\_

All credit card cancellations will be subject to a \$100 cancellation fee. All requests for refunds must be received by AGIAC in writing. All refunds will be processed after September 1, 2011.

FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Amount received: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

CC proc'g date: \_\_\_\_\_ Confirmation No.: \_\_\_\_\_

CC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE FAX COMPLETED FORM TO: (626) 858-0820

OR MAIL FORM & CHECK TO: PO BOX 4241, WEST COVINA, CA 91791-0241