

2010 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 \$50 cancellation fee. All requests for refunds must be received by AGIAC in writing. All refunds will be processed after September 1, 2010.

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