



**REGISTER ONLINE AND SAVE \$\$**

You can save \$10 by completing this registration online even if you intend to pay by check.; p.o.; or have multiple registrations and want a single invoice. See the instructions on the registration page.

Save the completed document using your conference badge name and 2024crf (example: johnsmith2024crf) and email to info@ileeta.org. Please be accurate when completing this form. The information will be used for the conference badge and certificate. You will receive confirmation within 3 business days of receipt. You MUST be an ILEETA member to attend the 2024 ILEETA Conference. If not, please complete Section 2.

**Section 1 - Conference Attendee Information**  
**If not an ILEETA Member, complete membership application in Section 2**

Name	Last		First		M.I.	
Title/Rank			Agency			
Agency Street Address				City		
State		Zip		Agency Phone		
Agency Fax			Agency E-Mail			
Home Street Address				City		
State		Zip		Home Phone		
Home E-Mail				Country		
Preferred Contact	<input type="checkbox"/> Home <input type="checkbox"/> Agency		Web site if applicable			
Check those that apply: <input type="checkbox"/> Criminal Justice Educator <input type="checkbox"/> Public Agency Trainer <input type="checkbox"/> Privately Employed Trainer <input type="checkbox"/> Training Manager <input type="checkbox"/> Field Training Officer <input type="checkbox"/> Researcher/Author <input type="checkbox"/> Other – describe						
Check those that apply: Type of training conducted: <input type="checkbox"/> General subjects <input type="checkbox"/> Use of force <input type="checkbox"/> Safety/Wellness <input type="checkbox"/> Firearms <input type="checkbox"/> Investigations <input type="checkbox"/> Defensive tactics <input type="checkbox"/> Other – describe						

**Section 2 – New ILEETA Member Application – ILEETA Members Do Not Complete**

Please provide verification that you are an instructor in the field of criminal justice. Describe in the space provided the nature of your instruction/training. Additional information such as trainer certification or testimonial/reference letter may be attached to this e-mail/mail/fax (two documents maximum). We will contact you if additional information is required.

Supervisor or Client who can verify you the above						
Contact Info for above	Phone		E mail			
ILEETA Sponsor Name if Any						

**Payment Information: Full Payment Must Be Made Prior To The Conference - NO EXCEPTIONS!!**

<input type="checkbox"/> Conference Registration \$450 <input type="checkbox"/> New Membership \$50 <input type="checkbox"/> Renewal Membership One Year \$45 <input type="checkbox"/> Renewal Membership Three Year \$120						
Payment Type	<input type="checkbox"/> Credit Card (VISA/ Mastercard) Other		<input type="checkbox"/> Check/Money Order <input type="checkbox"/> Purchase Order(before			
Card/P.O. Number				Expires		
Name as it appears on the card						

Save file and send as attachment to [INFO@ILEETA.ORG](mailto:INFO@ILEETA.ORG)

Any questions:

contact ILEETA at 262.767.1406 OR E MAIL [INFO@ILEETA.ORG](mailto:INFO@ILEETA.ORG) OR GO TO [WWW.ILEETA.ORG](http://WWW.ILEETA.ORG)