

# REGISTRATION FORM

2004 SYMPOSIUM ON INTEGRATED JUSTICE INFORMATION SYSTEMS  
March 22-24, 2004 – Hyatt Regency Crystal City (Washington, DC)

## Three ways to register:

- 1. On the Web:** Credit cards only – go to [www.search.org](http://www.search.org)
- 2. By FAX:** Credit cards and purchase orders only. Fax this completed form to 916-392-1223
- 3. By Mail:** Complete this form and enclose your credit card information, check (payable to SEARCH), or purchase order and mail it to: SEARCH Symposium Registration, 7311 Greenhaven Drive, #145, Sacramento, CA 95831

**Register before February 9, 2004 and SAVE!**

Please print all information clearly. One person per form. Photocopy for additional registrants.

**YOUR INFORMATION:**  This is an Individual Registration (one person only)  
 I am a Team Leader and all my teammates will be using my first and last name (listed below)  
 I am a Team Member and my Team Leaders full name is: \_\_\_\_\_  
(For information about Team discounts visit [www.search.org](http://www.search.org))

Prefix:  Mr.  Mrs.  Ms.  Dr.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Section/Dept: \_\_\_\_\_

Agency \_\_\_\_\_ Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

I am interested in the following workshop track:  Executives/Policy  Management  Technology

<b>Registration Fees:</b> (check what you will be paying for)	<u>Before Feb. 9, 2004</u>	<u>After Feb. 9, 2004</u>
<input type="checkbox"/> Optional Planning Workshop on Sunday March 21, 2004	\$195	\$235
<input type="checkbox"/> Optional XML 101 Workshop on Sunday, March 21, 2004	\$195	\$235
<input type="checkbox"/> Symposium Individual Registration	\$495	\$595
<input type="checkbox"/> Symposium Team Member Registration	\$395	\$495

**TOTAL Enclosed or to charge my credit card: \$ \_\_\_\_\_**

## METHOD OF PAYMENT:

Check enclosed (payable to SEARCH – My Check # is \_\_\_\_\_)  Purchase Order # \_\_\_\_\_ (copy enclosed)  
Credit Card:  MasterCard  Visa  AMEX  Discover  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_  
Billing address for card \_\_\_\_\_  
Street City State Zip

**Special Needs:** If you have a special need (i.e. handicap seating, special diet, visually impaired, etc.) please describe on a separate piece of paper and attach it to this form. The SEARCH Meeting Planner will contact you to discuss your needs.

**Cancellation Policy:** Cancellation requests must be in writing and received (**not postmarked**) BEFORE MARCH 12, 2004. Registration fees will be refunded in full if received in writing by March 12. **NO REFUNDS WILL BE GIVEN AFTER MARCH 12, 2004.**

**Tax Deductible:** An income tax deduction may be allowed for educational expenses. Consult your tax advisor.

**RETURN THIS REGISTRATION FORM WITH PAYMENT TO:  
SEARCH Symposium Registration  
7311 Greenhaven Drive, #145, Sacramento, CA 95831  
FAX credit card payments and purchase orders ONLY to 916-392-1223**

**QUESTIONS?** Contact Debi Garza at SEARCH at 916-392-2550 (Monday - Friday 9:00 a.m. – 5:00 p.m. Pacific Time) or e-mail [debi.garza@search.org](mailto:debi.garza@search.org)