



# WASHINGTON STATE PARKS AND RECREATION COMMISSION

1111 Israel Road S.W. • P.O. Box 42650 • Olympia, WA 98504-2650 • (360) 902-8500  
 TDD (Telecommunications Device for the Deaf): (360) 664-3133  
[www.parks.wa.gov](http://www.parks.wa.gov)

## 2017 Marine Law Enforcement Conference Registration Form

Use one form per attendee (\* Indicates Required Field)

Page 1 of 2

Registration includes all meals served during the conference, full access to the exhibit hall, all workshop and keynote sessions, all special events and demonstrations, and networking functions.

\*Attendee Name: ..... \*Title/Rank: .....

\*Agency: ..... Dept: .....

\*Address: .....

\*City, State and Zip Code: .....

\*Phone Number: ..... Fax Number: .....

\*Email Address: .....

*If you plan to bring a boat, please indicate the boat you will bring to train with:*

Make and Model: ..... Length: .....

Number of Engines: ..... Total Horsepower: ..... Cruising Speed: ..... Crew Capacity: .....

Registration Fees: * <b>Please check one</b>	On or before July 21 <sup>st</sup> , 2017	After July 21 <sup>st</sup> , 2017
WA State Based Marine Law Enforcement Officer CONFERENCE ONLY (Sept. 20-22)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$245
WA State Based Marine Law Enforcement Officer CONFERENCE AND ENHANCED VESSEL OPERATORS COURSE ON <b>SEPT. 18th-20th</b> (CONFERENCE ON Sept. 20-22)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$245
WA State Based Marine Law Enforcement Officer ENHANCED VESSEL OPERATORS COURSE ON <b>SEPT. 20th-22nd</b>	<input type="checkbox"/> \$225	<input type="checkbox"/> \$245

Managed by:





# WASHINGTON STATE PARKS AND RECREATION COMMISSION

1111 Israel Road S.W. • P.O. Box 42650 • Olympia, WA 98504-2650 • (360) 902-8500  
TDD (Telecommunications Device for the Deaf): (360) 664-3133

[www.parks.wa.gov](http://www.parks.wa.gov)

## 2017 Marine Law Enforcement Conference Registration Form

Use one form per attendee (\* Indicates Required Field)

Page 2 of 2

### Payment Information:

**Method of Payment:**  Company Check (payable to Neak Media LLC)  Credit Card  Government P.O.

**Type of Credit Card (check one):**  Visa  MasterCard  Amex

Card Number: ..... Exp. Date: .....

Name Printed on Card: ..... Security Code: ..... Billing Zip Code: .....

### Authorized Signature

Signature (required): ..... Date: .....

**Cancellation Policy:** You may designate a substitute in writing any time before the conference. Cancellation requests must be sent in writing (email or fax) and will be subject to a \$50 processing fee. No cancellations are accepted within 4 (four) weeks prior to the program start date.

PLEASE NOTE: No shows will be liable for the entire registration fee. In the rare occasion that an event is cancelled or postponed, please note our reimbursement is limited to paid tuition only. We have the right to refuse registration to any attendee at any time.

**\*I have read, and agree to the terms of the Cancellation Policy above**

Please fax your complete form to (703) 666-9088, email it to [sarethn@hsoutlook.com](mailto:sarethn@hsoutlook.com) or mail the form with your payment to:

**Neak Media LLC, 1081 East Putnam Ave, Unit 10, Riverside, CT 06878**

Registrations are first pay, first serve. If you have any questions about registration/payment, please call 203-990-3131 or email us at [sarethn@hsoutlook.com](mailto:sarethn@hsoutlook.com).

Managed by:

