



Conference Registration Form

Please complete this form for each person attending the conference. If you are using this form to reserve your place at the conference and have not paid yet, you must fill out the Payment Method field.

Please **email** this form to dlwech@gmail.com

ATTENDEE AGENCY/ORGANIZATION INFORMATION:

Title, First Name, & Last Name: _____

Agency/Organization Name: _____ Rank/Title within Agency/Organization: _____

Agency/Organization Mailing Address: _____

Street Address/P.O. Box _____ City _____ State _____ ZIP Code _____

Agency/Organization Phone #: _____ Agency/Organization Fax #:: _____

Attendee Information:

Title, First Name, & Last Name: _____

Attendee Contact #: _____ Attendee Email Address: _____

TCOLE PID#: _____

Attendee Signature: _____ Date: _____

CONFERENCE PAYMENT

Membership Dues Payment Type: Check* Credit Card
* Make check payable to "TAHN." Square Online Receipt# _____

Credit Card Type: Visa MasterCard Amex Discover

Name as it Appears on Card: _____

Card #: _____

Expiration Date: _____ Security Code on Back of Card: _____

Credit Card Billing Address ZIP Code: _____

Email Address to Send Payment Receipt: _____

REMITTANCE:

*Please mail completed form along with payment
(check or credit card details) to:*

Texas Association of Hostage Negotiators
ATTN: Annual Conference Registration
C/O Scott Funding
P.O. Box 1020
Rowlett, TX 75030
Phone: (844) FOR – TAHN / (844) 367-8246