



MINNESOTA SHERIFFS' ASSOCIATION
8th ANNUAL CORRECTIONAL HEALTH DIVISION
CONFERENCE

Live and Online
September 30 & October 1, 2020

PLEASE TYPE OR PRINT CLEARLY

Attendee Information

First Name / Last Name: _____

Title: _____ Business Telephone: _____

Agency/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Attendee Email: _____

Registration Fee – meals are included as part of the Arrowwood's registration

_____ **Regular Full Registration Fee: \$110.00**

Payment Information

_____ Enclosed is my check. **PLEASE MAKE CHECKS PAYABLE TO: Minnesota Sheriffs' Association**

_____ Please bill me

Submit the invoice to attention of: _____

Email address: _____

We understand that circumstances arise that may require you to cancel. However, no full refund will be made unless a written request is received before September 16, 2020; 50% of the conference fee will be refunded from September 17 - 25, 2020. No refunds will be made after September 25, 2020.

RETURN THIS COMPLETED REGISTRATION FORM TO:

MINNESOTA SHERIFFS' ASSOCIATION, 100 EMPIRE DRIVE SUITE 222, ST. PAUL, MINNESOTA 55103
FAX: 651-451-8087 or info@mnsheriffs.org

**CONFERENCE INFORMATION AND ONLINE REGISTRATION AVAILABLE AT:
WWW.MNSHERIFFS.ORG**