



MINNESOTA SHERIFFS' ASSOCIATION

7th ANNUAL CORRECTIONAL HEALTH DIVISION
CONFERENCE

October 9 - 10, 2019
Arrowwood Resort, Alexandria, MN

PLEASE TYPE OR PRINT CLEARLY

Attendee Information

First Name / Last Name: _____

Title: _____ Business Telephone: _____

Agency/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

_____ **Regular Full Registration Fee - \$110.00** (received by September 20, 2019)
**\$100 early bird rate available through August 15 only with online registrations

_____ **Late Full Registration Fee - \$125.00** (received on or after Sept. 21, 2019)

_____ **Daily Conference Fee - \$75.00**

DAY ATTENDING: _____

Conference Lodging Information

Lodging and meals are purchased through Arrowwood Resort.

At the conference, please advise the wait staff of any special dietary needs.

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 October 1, 2019; 50% of the conference fee will be refunded from October 1 - 7, 2019. No refunds will be made after October 7, 2019.

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**