



44 Canal Center Plaza, Suite 200 | Alexandria, VA 22314, USA | 703.836.6767 or 1.800.THEIACP | www.theIACP.org

FILE COPY

February 20, 2018

Dear IACP Member,

The 2018 IACP Annual Conference and Exposition provides you with the strategies, techniques, and resources to help you and your agency evolve to meet the needs of today's policing environment. This year we are celebrating our 125th anniversary and invite you to learn from the history, gather with today's leaders, and explore solutions for the future.

IACP 2018 will be held in Orlando, Florida, October 6-9, 2018.

To help you organize your conference planning and, if needed, to assist you in justifying your attendance to supervisors or other decision makers we have developed a toolkit you can personalize to meet your needs. The online toolkit includes documents you can personalize including a goals worksheet, expense calculator, and sample letter. Enclosed, you will find a schedule at a glance and a registration form.

IACP 2018 will allow you to focus on specific skills and experiences you can immediately bring back to your agency. You will also have the opportunity to learn global best practices, make new contacts with law enforcement leaders, and gain valuable insights and ideas from the sessions you attend and exhibits you visit.

To access the online justification kit, learn more about the conference, and register today, visit www.theIACPconference.org.

I look forward to seeing you at IACP 2018.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Talucci", written over a horizontal line.

Vincent Talucci
Executive Director/Chief Executive Officer

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LaGrange, GA, Police Department

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Executive Director / Chief Executive Officer
Vincent Talucci
Alexandria, VA

Deputy Executive Director / Chief Operating Officer
Terrence M. Cunningham
Alexandria, VA

LEADERSHIP'S EVOLUTION

Celebrating 125 Years of Progress

SCHEDULE AT A GLANCE

FRIDAY, OCTOBER 5

1:00 p.m. – 6:00 p.m.	Delegate Registration
1:00 p.m. – 5:00 p.m.	Committee/Section/Division Meetings

SATURDAY, OCTOBER 6

7:00 a.m. – 5:30 p.m.	Delegate Registration
8:00 a.m. – 3:00 p.m.	Committee/Section/Division Meetings
8:00 a.m. – 3:00 p.m.	Educational Workshops
3:30 p.m. – 5:00 p.m.	Opening Ceremony

SUNDAY, OCTOBER 7

7:00 a.m. – 5:00 p.m.	Delegate Registration
8:00 a.m. – 5:00 p.m.	Committee/Section/Division Meetings
8:00 a.m. – 3:00 p.m.	Educational Workshops
9:45 a.m. – 10:00 a.m.	Exposition Hall Ribbon Cutting Ceremony
10:00 a.m. – 5:00 p.m.	Exposition Hall
3:30 p.m. – 5:00 p.m.	Exposition Hall Networking Event

MONDAY, OCTOBER 8

7:30 a.m. – 5:30 p.m.	Delegate Registration
8:00 a.m. – 5:00 p.m.	Committee/Section/Division Meetings
8:00 a.m. – 4:00 p.m.	Educational Workshops
10:00 a.m. – 11:30 a.m.	General Assembly
10:00 a.m. – 5:00 p.m.	Exposition Hall
7:30 p.m. – 11:00 p.m.	IACP's Chiefs Night

TUESDAY, OCTOBER 9

7:30 a.m. – 3:30 p.m.	Delegate Registration
8:00 a.m. – 5:00 p.m.	Committee/Section/Division Meetings
8:00 a.m. – 4:30 p.m.	Educational Workshops
10:00 a.m. – 11:30 a.m.	Critical Issues Forum
10:00 a.m. – 2:00 p.m.	Exposition Hall
6:00 p.m. – 11:00 p.m.	Annual Banquet (Separate ticket purchase required.)

For per diem purposes, meals are not provided at IACP functions unless a ticket is purchased for the Annual Banquet. This event includes dinner. There are hearty hors d'oeuvres available at IACP's Chiefs Night on Monday evening.

LEARN
FROM THE
HISTORY

EXPLORE
SOLUTIONS
FOR THE
FUTURE

IACP  **2018** **October 6–9**
Orlando
FLORIDA

REGISTER TODAY AT theIACPconference.org

GATHER
WITH TODAY'S
LEADERS

Advance Registration Form

Register online at theIACPconference.org



October 6-9, 2018
Orange County Convention Center
Orlando, Florida
theIACPconference.org

Use this form to save on registration fees until August 22, 2018. Beginning August 23, 2018 only online registrations will be accepted. Questions? Call 800-THE-IACP.

WAYS TO REGISTER

ONLINE



Go to theIACPconference.org and click on **REGISTER NOW**.

Only credit card payments are accepted online. Online registration will be open through the conference.

BY FAX



Fax completed forms with credit card payments or Purchase Orders to: **703-836-4543**.

BY E-MAIL



E-mail completed forms to conf2018@theiacp.org. Due to registration volume, we cannot confirm fax receipt.

BY MAIL WITH A CHECK



Mail completed forms with checks to:
IACP Conference Registration
PO Box 62564
Baltimore, MD 21264-2564 USA

BY MAIL WITH A PURCHASE ORDER



Mail completed forms with Purchase Orders to:
IACP Conference Registration
44 Canal Center Plaza, Suite 200
Alexandria, VA 22314 USA

IN PERSON



Walk-in registration opens **October 5, 2018, at 1:00 p.m.** at the Orange County Convention Center - West Building, 9800 International Drive, Orlando, FL 32819

☐ **YES! I would like to receive emails from IACP exhibitors regarding their conference activities and products.**

* Full conference registration fee includes access to all general sessions, workshops, receptions, Expo Hall, and Chiefs Night.

† Family refers to a spouse or family member, not a business associate or fellow law enforcement colleague. ONLY the family member's name, city, and state will appear on their badge. Family members do not receive certificates for workshops.

Do NOT mail and fax form — charges may be duplicated. A cancellation fee is in effect through October 3, 2018. No refunds on or after October 4, 2018. Registration and attendance at IACP events constitutes an agreement by the registrant to the IACP's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photos, images, video and/or audio recordings of such events without compensation or approval rights. All photos, images, and recordings are the property of IACP.

Source Code: JSTKT

CHECK ONE:

- ☐ I am an IACP Member; Membership Number _____
☐ I am a Non-Member
☐ I am applying now for Membership (Use Box "B" below to Join)
☐ I am the spouse or family member of _____ Their Member# _____

Full Name _____

First Name for Badge _____

Title/Rank _____

Agency/Organization _____

Agency Address _____

City _____ State _____

ZIP/Postal Code _____ Country _____

Phone # _____ Fax # _____

Email Address _____

FAMILY — complete a duplicate registration form if using different payment method.†

Name _____

Children (5 and Under) Name(s) and Age(s) _____

Children (6-18) Name(s) and Age(s) _____

A. CHECK APPROPRIATE REGISTRATION TYPE

- | | |
|--|---|
| <input type="checkbox"/> IACP Member* \$425 | <input type="checkbox"/> Children 6-18* \$45 |
| <input type="checkbox"/> First Time IACP Member* \$370 | <input type="checkbox"/> Children 5 and under* FREE |
| <input type="checkbox"/> Non-member* \$600 | <input type="checkbox"/> Expo Pass for Public Safety Personnel FREE |
| <input type="checkbox"/> Family Member*† \$150 | |

1-Day Pass and 2-Day Pass Registration will open online August 23, 2018.

B. IACP DUES

- ☐ YES! I would like to join the IACP and take advantage of the First Time Member Registration Rate of \$370 (see the website for membership benefits and criteria), **plus the dues amount below:**
- | | |
|--|-------|
| <input type="checkbox"/> Active Member | \$150 |
| <input type="checkbox"/> Associate Member - General | \$150 |
| <input type="checkbox"/> Associate Member - Leader of Tomorrow Sworn Officer | \$75 |
| <input type="checkbox"/> Associate Member - Academic | \$150 |
| <input type="checkbox"/> Associate Member - Service Provider | \$250 |

C. ANNUAL BANQUET TICKETS (Optional)

- ☐ YES! I would like to purchase tickets for the **Annual Banquet** to be held on Tuesday, October 9, 2018.

Tickets \$100 each; # of tickets: _____

No refunds. Pre-Conference ticket sales end October 3, 2018 and will continue onsite October 6-9, 2018.

PAYMENT (No Registrations will be processed unless accompanied by payment in full.)

TOTAL AMOUNT TO BE CHARGED (Add A, B and C): \$ _____

☐ **Purchase Order.** PO# _____

☐ **Check.** Make checks payable to IACP (U.S. dollars, drawn on U.S. banks only) and mail full payment (no cash) with completed form to: IACP Conference Registration, P.O. Box 62564, Baltimore, MD USA 21264-2564

Please charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Acct. # _____ Exp. Date _____

Cardholder's Name _____

Billing Address _____

Signature _____