



SWAFDE MEETING
Sacramento, California
October 6-8, 2017
REGISTRATION FORM

Name: _____
Agency/Co.: _____
Address: _____

City: _____
State & Zip: _____

Membership Status (check one)

- Active Associate Trainee Affiliate
 Contributing Member Guest*

*NOTE: Guests wishing to attend scientific sessions must be sponsored by an ACTIVE SWAFDE member. Guests must be actively engaged in the examination of questioned documents and/or in the process of being trained as a document examiner according to accepted guidelines outlined in the SWAFDE bylaws. Guests must complete the Guest's Attendance Certification and Approval which must include the signature of their area Regional Representative. GUEST REGISTRATION WITHOUT THE PROPERLY SIGNED CERTIFICATION AND APPROVAL WILL BE REJECTED AND RETURNED TO THE REGISTRANT. See page 2 if Guest.

Meeting Registration

Register by **September 20, 2017** to avoid late registration fee.

No registration refunds after September 30, 2017.

All Attendees _____ @ \$150 _____

Late Fee _____ @ \$25 _____

Total Amount Enclosed _____

Make checks payable to SWAFDE.

Hotel Accommodations

Marriott Residence Inn – Sacramento Downtown

1121 15th Street Sacramento, CA 95814

916-443-0500

Make reservations by 9/20/17

<http://www.marriott.com/hotels/travel/sacdt-residence-inn-sacramento-downtown-at-capitol-park/>

SWAFDE Rate: \$149/night (reserve by 9/30/17)

\$10 parking/night for SWAFDE guests

Complimentary WiFi for SWAFDE guests

Transportation: no free shuttle is offered.

Food will be provided as follows:

Friday Complimentary Breakfast (7:00am)

Lunch

Saturday Complimentary Breakfast (7:00am)

Sunday Complimentary Breakfast (7:00am)

Mail To: Joseph Merydith

California Department of Justice

4949 Broadway, Room F147

Sacramento, CA 95820

916-227-3623

Guest Certification and Approval

Name of Active

SWAFDE

Sponsor: _____

I certify that I have reviewed the qualifications of the above listed guest attendee and that he/she is actively engaged in the examination of questioned documents or is in a formal apprenticeship training program (refer to SWAFDE membership guidelines) and is approved by me to attend this meeting. I further certify that this applicant resides in the geographical area that I represent. ANY EXCEPTIONS REQUIRE ADDITIONAL WRITTEN APPROVAL BY THE SWAFDE PRESIDENT AND MUST BE SENT WITH THIS REGISTRATION REQUEST.

Regional Rep

Signature: _____

Region: _____