



National Association of Police Organizations **Lobby Capitol Hill**

Omni Shoreham Hotel
Washington, D.C.
May 14, 2019

Please join NAPO on May 14th for our Annual Lobby Day and Legislative Awards Luncheon. Use this opportunity to lobby Congressional Representatives & Senators on behalf of your members concerning the issues which affect law enforcement. Prior to lobbying Capitol Hill, attend NAPO's Legislative Breakfast for an update on NAPO's legislative priorities, results to date from the 116th Congress, and to receive handouts to use during Hill visits. While on Capitol Hill, be sure to stop by NAPO's Legislative Awards Luncheon, where several Representatives & Senators will be recognized for continued support of Law Enforcement.

contact Andy Edmiston, NAPO's Director of Governmental Affairs, by Friday, May 3, 2019 at aedmiston@napo.org or (703) 549-0775.

Registration Fee of \$150.00 per person includes the Legislative Breakfast, Handouts and the Legislative Awards Luncheon.

Advanced Registration is required to attend NAPO's Legislative Awards Luncheon. Fax registration to Elizabeth Loranger at (703) 684-0515 or register online at www.napo.org by **May 3**.

For assistance in setting up your appointments, please

Registration/Payment Deadline is Friday, May 3

Registration

Schedule of Events May 14

Registration	Omni Shoreham Hotel	8:45 a.m. - 9:00 a.m.
Legislative Breakfast	Omni Shoreham Hotel	9:00 a.m. - 10:00 a.m.
Capitol Hill Visits	Capitol Hill	10:30 a.m. - 12:00 p.m.
NAPO Legislative Awards Luncheon	Capitol Hill Location TBA	12:00 p.m. - 1:30 p.m.
Capitol Hill Visits	Capitol Hill	2:00 p.m. - 5:00 p.m.

Organization: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Please provide name and title for individuals as they should appear on name badge:

Attendee 1: _____

Attendee 2: _____

I will be sending a check made payable to NAPO

Please mail to 317 South Patrick Street, Alexandria, Virginia 22314

Please bill my credit card

If you wish to pay by credit card, please complete the following and fax to **703-684-0515**

Amount: \$ _____ Card type: Visa MC Amex Discover

Card Number: _____ Expiration Date: _____ CID Number: _____

Billing Address: _____

Name on card: _____ Signature: _____