



# National Association of Police Organizations 2014 NAPO Roundtable

Red Rock Casino, Resort & Spa  
Las Vegas, Nevada  
October 24 - 25, 2014

Please join NAPO October 24 - 25 at the Red Rock Casino, Resort & Spa in Las Vegas to participate in a NAPO leadership Roundtable Discussion. Topics include the Affordable Care Act, Current Labor Issues Nationally, Our Opponents' Legislative and P.R. Strategy, National Image and Awareness of NAPO and Recruiting and Growth for our Association. Be a part of setting the direction for our organization's future.

attention: Elizabeth Loranger by **October 6<sup>th</sup>**. Fax to (703) 684-0515 or email to [eloranger@napo.org](mailto:eloranger@napo.org). NAPO has reserved a block of rooms at The Red Rock Resort. Room rates are \$160 per night plus a \$15 resort fee, which includes shuttle transportation to and from the airport. To make reservations please call (866) 767-8880 and tell them you are with NAPO. In order to receive the reduced rate reservations must be made by **September 29<sup>th</sup>**. The hotel is expected to sell out so please make your hotel reservations today!

Please complete the registration form and return to NAPO

## Seminar Registration

### Seminar Schedule

Friday, October 24	Registration	1:30 p.m. — 2:00 p.m.
	Seminar	2:00 p.m. — 5:00 p.m.
Saturday, October 25	Seminar	9:00 a.m. — 4:00 p.m.
	Lunch	12:00 p.m. — 1:00 p.m.

The Registration Fee of \$75.00 per person includes seminar materials, coffee breaks, and lunch.

Name:	<input type="text"/>	Title:	<input type="text"/>
Organization:	<input type="text"/>		
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>

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

Attendee 1:	<input type="text"/>
Attendee 2:	<input type="text"/>
Attendee 3:	<input type="text"/>

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**

Card information:

Amount: \$  Card type:  Visa  MC  Amex  Discover

Card Number:  Expiration Date:  CID Number:

Billing Address:

Name on Card:  Signature: