

PISA SYMPOSIUM

in conjunction with
**54th Annual Virginia State Crime Clinic
Training Seminar Registration**

Holiday Inn Virginia Beach - Norfolk
September 25-27, 2019

Name _____ Position _____

Agency _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-mail _____

I plan to attend the Thursday night Reception

I plan to bring a guest to the Thursday night Reception (\$30 Guest Fee)

Make checks payable to: Virginia Professional Investigators and Security Association

Pre-paid registration rate: \$125 (reservations must be made by 09/15/19)

Rate for registration after 9/15/19 \$150

Additional Reception Guest fee: \$30

Cancellations are refundable up to 72 hours prior to conference

Registration fee includes:

Instruction

Thursday Hot Breakfast

Thursday Lunch

Thursday Reception

Check No. _____

Purchase Order No. _____

Forward Registration to:

Kristopher (Kit) Wilgus

Please put check or PO Number on each registration

We accept credit cards

PISA

P.O. Box 3225

Fairfax, VA 22038

Name on Card: _____

Card # _____

Mobile: 561.414.0708

Fax: 757.321.3405

E Mail: info@VaPisa.com

Web: www.VaPisa.com

Expiration Date: _____

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