2019 ATTENDEE REGISTRATION FORM

Complete the registration information below and return it to APSA or visit www.publicsafetyaviation.org. Payment must accompany registration. Conference badges may be picked up at the Registration Desk at the Hyatt Regency Columbus (Hayes Lobby). You must have a badge for admittance into the 2019 PSDE. Please print the information below for each individual in your party. All names will be listed on conference badges exactly as they are shown below. For additional information or inquiries, please call 301-631-2406.



REGIST	ΓRANT:					
	First Name	MI	Last Name			
AGENCY:			RANK/TITLE:			
REGIST	RATION TYPE		REGISTI	RAT	ION FEE	
□ Fu	II Expo* (Monday-Thursday)					
	cludes 1 Course (select below), All General Sessions/Classes, Full A	Access to Exhib	oit Hall During Open Hours and Opening Reception)	\$	375.00	
	II Expo (RPIC)* (Monday-Thursday)		in a Constitution and Constitution Described	¢	300.00	
	cludes RPIC Course, All General Sessions/Classes, Full Access to Ex Inference Class/Exhibit Hall* (Tuesday Evening – The		ring Open Hours and Opening Reception)	Þ	300.00	
	cludes All General Sessions/Classes, Full Access to Exhibit Hall Du	•	urs and Opening Reception)	\$	150.00	
	Day Conference Class/Exhibit Hall (Please select d		☐ Wednesday ☐ Thursday	\$	100.00	
	ludes All General Sessions/Classes and Full Access to Exhibit Hal	l During Open	Hours for the Selected Day)			
	curse ONLY (Monday-Tuesday Only) cludes 1 Course (select below) and Opening Reception; See pricing	a below for Cc	urse Only Options)			
	SE SELECTION (Note: Courses will be held Monday-Tuesday)	,	COURSE ONLY REGISTI	RAT	ION FEE	
	Public Safety UAS Unit Manager Course		600N31 0N11 N261311	\$	250.00	
	Safety Management Systems (SMS) and Huma	n Factors fo	or UAS Operations Course	\$	250.00	
	Unmanned Aircraft Systems (UAS) Operations			\$	250.00	
	Advanced Unmanned Aircraft Systems (UAS) O	perations (Course	\$	250.00	
(*Reaistra	Remote Pilot-In-Command (RPIC) Course tion fee includes one (1) year membership to APSA. Not applicable to	o current APSA	members.)	\$	175.00	
MAILING ADDRESS			BILLING ADDRESS			
			 Please check box if same as mailing addre 	ss		
Name:		Nan	ne:			
Agenc	y:	Age	ncy:			
Address:		_	ress:			
		_				
City:	State: Zip:	City:	State: Zi	p: _		
Phone:	Fax:	Pho	ne: Fax:			
Email:		Ema	il:			
ODE	DIT OADD AUTHODIZATION FORM	Please ma	ske checks payable to APSA, or use your VISA	. M:	asterCard	
UKE	DIT CARD AUTHORIZATION FORM		or American Express.	ν, ινις	ister cara,	
□ VISA	VISA MASTERCARD		DISCOVER	☐ AMERICAN EXPRESS		
CREDIT CARD NUMBER		EXI	P (mm/yy) V-CODE	V-CODE		
NAME AS IT APPEARS ON CARD		SIC	INATURE AMOUNT	AMOUNT		

PAYMENT MUST ACCOMPANY FORM

Please return this form to: Airborne Public Safety Association – Public Safety Drone Expo 2019 50 Carroll Creek Way, Suite 260, Frederick, MD 21701 | Fax: (301) 631-2466 | Email: bosborne@publicsafetyaviation.org