

ASSOCIATION OF OKLAHOMA NARCOTIC ENFORCERS



29<sup>th</sup> Annual Training Conference

Hard Rock Hotel and Casino

777 West Cherokee Street – Catoosa, Oklahoma 74015

July 30<sup>th</sup> – August 2<sup>nd</sup>, 2019 Special room rate of

\$108.12 if registered by July 19<sup>th</sup>. Make sure to say you are with AONE when registering



Pre-Registration Form (please type)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ : Middle Initial: \_\_\_\_\_  
(Name to be used on training certificate)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Address where you would like to receive future information)

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ CLEET Number: \_\_\_\_\_

(Check One)

\_\_\_\_ Certified Law Enforcement Officer (Active) Agency: \_\_\_\_\_

\_\_\_\_ Prosecuting Attorney Agency: \_\_\_\_\_

\_\_\_\_ Other (Agency and details of employment): \_\_\_\_\_

\_\_\_\_ Retired Law Enforcement Officer Agency: \_\_\_\_\_

\_\_\_\_ Life Member (MUST have been a member for 10 consecutive years)

\_\_\_\_ New Membership

\_\_\_\_ Renewal Membership

Check Region: \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5

Registration Cost - \$250.00 (includes 1 year membership)

Lifetime AONE Members - \$200.00

Extra Banquet Tickets (Thursday night) \$35.00 per person. Number Needed: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

New/Renewal Membership cost if not attending the conference is \$35.00

METHOD OF PAYMENT

Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Purchase Order** from your department: Please list each person named on the purchase order. Include a phone number for each person listed as well as the name and phone number of the clerk issuing the purchase order. Each person listed must fill out a separate registration form.

Contact Person for Purchase Order: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card: \_\_\_ Debit Card: \_\_\_

Credit Card # \_\_\_\_\_ Zip Code Area Of Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

mm/yy

**Mail to:** A-One, Inc. P.O. Box 722495 Norman, OK 73070