



1-800-78-CRIME

DON'T MISS IT! FAX OR EMAIL THIS FORM BACK WITH YOUR INFO TODAY!



Karina Arenivaz, Grade 11 Orosi High School

42nd Annual National Conference

April 22, 2015

Mission Inn Hotel & Spa Riverside, California

Don't Miss the Silent Auction!

REGISTRATION OPTIONS:

NO LATER THAN Friday April 17, 2015

FAX - registration forms to: (909) 987-2477

EMAIL - registration info to: Graphics@wetip.com

CALL - (909) 987-5005, Ext. 239

- 8:00 Welcome to Riverside Police Chief Sergio Diaz
8:15 Development of a Successful WeTip Program Nick Hermann, Vanderburgh County Prosecutor Pat Harrington, Tippecanoe County Prosecutor
9:15 Train the Trainers, The Tower Challenge Sue Mandell, WeTip Dir. of Marketing Kevin Hobby, ASCIP Senior Risk Services Consultant
10:15 Break- Silent Auction
10:30 Domestic and Foreign Terrorists Wade Lee, FBI Special Agent
11:15 The Workers' Comp. Fraud Fiasco John Riggs Fraud Assessment Commissioner, W.C. Manager Disneyland Resort
12:30 Pay No Attention to the Man behind the Curtain: Cyber Predators Lurking in the Shadows Det. Bernie Trapp FBI Sexual Assault Felony Enforcement Team (S.A.F.E.)
1:00 Awards Luncheon Keynote Speaker Sheriff John McMahon San Bernardino County Sheriff
2:00 WeTip Awards Jackie Lacey Los Angeles County District Attorney

REGISTRATION INFORMATION

Name: _____ Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone:(____) _____ Ext. _____ Fax:(____) _____ Email: _____

Please check those which apply to you:

- One Admission - 04/22/15 @ \$75.00 (includes Luncheon) = \$ _____
(7) Units of P.O.S.T. credit for Seminars @ \$25.00 = \$ _____

PAYMENT OPTIONS:

Please select one of the following: all payments made out to: WeTip Inc.

- Mail Check or Money Order along with registration form to: WeTip Inc., P.O. Box 1296 Rancho Cucamonga, CA 91730,
Bring Check or Money Order to the conference with you, (P.O.S.T. CREDITS MUST BE PAID FOR BEFORE ATTENDING)
Fill out the following credit card information and send back by mail, fax, email or over the phone.

PLEASE CHARGE TO MY:

- VISA
MASTERCARD
AMERICAN EXPRESS

Card #: _____ Expiration Date: _____ CVV _____
Amount to charge: \$ _____ Signature: _____
Billing Zip Code _____