



26th Annual C.B.I.A. Training Conference

October 26 - 28, 2026

**OMNI RANCHO LAS PALMAS RESORT
41000 BOB HOPE DR., RANCHO MIRAGE
(760) 568-2727**

****Questions regarding symposium/training/hotel, please contact Victoria Foster @ 714/478-7196****

ATTENDEE INFORMATION ONLY:

ATTENDEE Name _____
Agency _____
Address _____
City/State/Zip _____

ATTENDEE Work Number _____
ATTENDEE FAX Number _____
ATTENDEE Cell Number _____
ATTENDEE'S E-Mail _____
POST ID# **-OR-** last 4#s of SSN _____

**SCAN/E-MAIL FORM AS AN ATTACHMENT TO: membershipchair@cabackgrounds.org
or U.S. MAIL TO: CBIA, POB 2127, YORBA LINDA, CA 92885-1327**

- 1) COMPLETE/PRINT/RETURN the conference registration form using the above instructions or via USPS;
- 2) Please : Only ONE attendee per registration form;
- 3) Complete ALL highlighted areas; the information on this form is for the **ATTENDEE ONLY, e.g., their email and contact info.**
- 4) Complete the section below to RSVP for the Hospitality Night, Sunday - October 25 @ 5:00-PM.
- 5) **IMPORTANT: If the attendee is NOT a current member in CBIA, please complete and submit their on- application found on home page of the website (www.cabackgrounds.org) and return it with their conference paperwork.**

NOTE: Your cancelled check is your receipt; credit card receipt(s) will be e-mailed.

SYMPOSIUM FEE : \$375**

****\$60 of your conference fee goes towards your 2027 membership dues.**

****REMINDER: SYMPOSIUM IS NOT**

P.O.S.T. REIMBURSALE**

If attending our Hospitality Night on Sun., 10/25 @ 5:00-PM, please check box to RSVP. NOTE: If bringing a spouse, etc., there is an added cost of \$25 per quest. Please advise the name of your attendee.

Payment

Check (MAKE PAYABLE TO CBIA)

Credit Card Type _____

Card Number _____

Expiration Date (MM/YY) _____

Cardholder's Name _____

Email for CC Receipt _____

UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH CBIA, PAYMENT MUST ACCOMPANY YOUR REGISTRATION FORM. Registration forms received w/o payment will not be processed until payment has been received. **CANCELLATIONS MUST BE REQUESTED IN WRITING NO LATER THAN OCT. 9, BY 5-PM. A \$50 cancellation fee will be charged **AFTER** the date ~ **NO EXCEPTIONS.** All attendees must be affiliated with a public safety agency and ID WILL BE REQUIRED at conference check in. With the submission of this conference registration form, you agree to the terms listed on this form.**

DATE REC'D: _____ ENT'D INTO DB: _____ NEED APP? _____ COLLEGE APP? _____ NAME TAG? _____ MISC _____