

NLEEC Registration Fees

\$

62005-3910

FEE TRANSMITTAL**2012 NATIONAL LAW ENFORCEMENT EXPLORING CONFERENCE**

The Post Advisor must complete this form whenever sending payments. Payments transmitted without this form will delay registration process. Use online registration to complete forms and mail along with check payable to Learning for Life (NLEEC), directly to NLEEC, 1329 West Walnut Hill Lane, Irving, TX 75038 or call to pay by credit card. Please call national office at (972) 580-2418 if you have questions or require assistance.

Please do not send form and payment through local Learning for Life Office

Date _____
 ID No. _____ Post No. _____ Local LFL Office No. _____ LFL headquarters city _____ State _____
 Zip _____

*Contact your local Learning for Life office to find the two- or three-digit office number.
 Local office phone number is on the web site at www.learningforlife.org. Search by your zip code.

Name of Advisor submitting payment _____
 Address _____
 City _____ State _____ Zip _____
 Advisor Daytime Phone (____) _____ Advisor Fax No. (____) _____
 Advisor E-Mail Address _____

- ☐ Check if the name and information above indicates a change of primary Advisor or a change of address for Advisor currently receiving post correspondence.
- ☐ Advisor will not be attending the conference.

FEE PAYMENTS:

Post Deposit \$100.00 (This is the \$100 post reservation/security deposit, which does not apply toward balance of fees due March 2, 2012.)
 Amount sent previously \$ _____ (Other than the post deposit)
 Amount enclosed \$ _____
Total amount sent to date \$ _____ (Total should be \$100 more than owed because of post reservation deposit)

AMOUNT ENCLOSED REPRESENTS:

USE FOR APRIL 20, 2012 DUE DATE

_____ *TOTAL participant deposits (youth and adult) at \$50 each = \$ _____
 (No.)

USE FOR JUNE 1, 2012 DUE DATE

_____ *TOTAL participant balances (youth and adult) at \$425 each = \$ _____
 (No.) total is \$475.00 per participant.

Other: _____

***IMPORTANT! - ALWAYS indicate your COMPLETE breakdown of participants:**

No. Male Explorers _____ No. Female Explorers _____ No. Male Adults _____ No. Female Adults _____

Alternate leader information: Post No. _____ Learning for Life number _____

(*If your posts is using leadership from a different post to meet the leadership requirements, place an asterisk in the applicable Advisor box (do not put in a number. Indicate the alternate LFL and post numbers. If your post is providing alternate leadership do not complete the alternate leadership information.)

Reminder: Scheduling for the limited team competition time periods will not be completed for a Post until all required registration forms are submitted and all fees paid in full. Early registration will provide the best opportunity for participation in as many as competitive events as possible.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORD