



**SOUTHWESTERN ASSOCIATION OF  
FORENSIC DOCUMENT EXAMINERS**  
**Technical Seminar and Workshop Registration**  
**Denver, Colorado**  
**October 11-13, 2019**

Name: \_\_\_\_\_ Agency / Company: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

MEMBERSHIP STATUS:      ( ) ACTIVE      ( ) ASSOCIATE      ( ) CONTRIBUTING  
   ( ) TRAINEE      ( ) EMERITUS      ( ) NON-MEMBER\*

\* Note: Non-members wishing to register for this seminar MUST be sponsored by an ACTIVE SWAFDE member. Non-members must complete the "Registration For Non-Member's Attendance Certification and Approval" section below, which must also include the sponsoring Regional Representative's signature of approval.

**NON-MEMBER REGISTRATION WITHOUT THE PROPERLY SIGNED CERTIFICATION  
AND APPROVAL PORTION BELOW WILL BE REJECTED AND RETURNED TO THE REGISTRANT**

**REGISTRATION DEADLINE IS SEPTEMBER 20, 2019**

MEETING REGISTRATION FEES	Member :	_____	@	\$ 275.00	=_____
	Late Member Registration:	_____	@	\$ 325.00	=_____
	Non-member:	_____	@	\$ 325.00	=_____
	Late Non-member Registration:	_____	@	\$ 350.00	=_____
	<b>Includes Friday &amp; Saturday Workshop</b>				
			<b>Total</b>		_____

Mail to:  
Plum Creek Forensic Lab/SWAFDE  
Darla McCarley-Celentano  
Box 21  
Castle Rock, CO 80104

**MAKE CHECKS PAYABLE TO: SWAFDE  
NO PURCHASE ORDERS**

*Friday and Saturday continental breakfast provided; break refreshments will be provided Friday, Saturday and Sunday. Lunch is on your own. Hotel has a free shuttle to/from the airport and provides free wi-fi.*

**REGISTRATION FOR NON-MEMBER'S ATTENDANCE CERTIFICATION AND APPROVAL**

NAME OF ACTIVE SWAFDE MEMBER SPONSOR: \_\_\_\_\_

I certify that I have reviewed, with the above SWAFDE member-sponsor, the qualifications of the above named non-member attendee. Said individual is approved by me to attend this meeting. I further certify that this applicant resides in the geographical area that I represent.

SIGNED: \_\_\_\_\_ Regional Representative

REGION: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ANY EXCEPTIONS REQUIRE ADDITIONAL WRITTEN APPROVAL BY A MEMBER OF THE BOARD OF DIRECTORS OF SWAFDE AND MUST BE SENT WITH THIS COMPLETED REGISTRATION REQUEST.