



**SWAFDE 40TH ANNIVERSARY MEETING**  
**October 8-10, 2021**  
**Scottsdale, AZ**

**Meeting Registration**  
*Registration Deadline is September 24, 2021*

Name: \_\_\_\_\_  
Agency/  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,  
State & Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Membership Status: Active Associate Trainee Affiliate Contributing Guest

\*NOTE: Guests wishing to attend scientific sessions must be sponsored by an ACTIVE SWAFDE member. Guests must be actively engaged in the examination of questioned documents and/or in the process of being trained as a document examiner according to accepted guidelines outlined in the SWAFDE bylaws. Guests must complete the Guest's Attendance Certification and Approval appearing below which must include the signature of their area Regional Representative or a SWAFDE Board Member.

**Hotel Accommodations**

The meeting will be held at the Saguaro Scottsdale Hotel in the heart of Old Town Scottsdale. The hotel is conveniently located near restaurants, shopping, golf courses and local attractions. There's plenty for spouses and family to enjoy.  
<https://www.experiencescottsdale.com/old-town/>

**The Saguaro Scottsdale Hotel** ([www.thesaguaro.com](http://www.thesaguaro.com)) .....(480) 470-8247 for reservations  
4000 North Drinkwater Blvd  
Scottsdale, AZ 85251-3942

Rate: **\$149/night** Group rate available 3 days before and after meeting based on availability.

- Includes:
  - continental breakfast
  - internet
  - resort fee waived
  - fitness center
  - free parking

*Use code **SWAFDE** when making reservations. Rooms must be reserved by **September 16<sup>th</sup>** to guarantee rate.*

**TRANSPORTATION** The Saguaro Scottsdale is located 8 miles from Phoenix Sky Harbor Airport. The hotel does not offer a shuttle from the airport. Uber, Lyft and taxis are available at Sky Harbor.

- FOOD** will be provided as follows:
- |          |                                                           |
|----------|-----------------------------------------------------------|
| Friday   | • Continental Breakfast                                   |
|          | • 40 <sup>th</sup> Anniversary Banquet (Hotel Restaurant) |
| Saturday | • Continental Breakfast                                   |
|          | • Lunch                                                   |
| Sunday   | • Continental Breakfast                                   |

All Attendees: \_\_\_\_\_ @ \$ 250 = \_\_\_\_\_

Non-Member Guest: \_\_\_\_\_ @ \$ 250 = \_\_\_\_\_

Extra Lunch Tickets: \_\_\_\_\_ @ \$ 30 = \_\_\_\_\_

Extra Banquet Tickets \_\_\_\_\_ @ \$ 50 = \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**Friday Banquet Meal Selection**  
(indicate number of each):

**Stuffed Roasted Portobello**  
Quinoa & Ricotta on Steamed Kale with  
Tomato Coulis  
\_\_\_\_\_

**Free-Range Half Chicken**  
Seasonal Vegetable Gratin, Roasted Chicken  
Au Jus, Wild Rice)  
\_\_\_\_\_

**Center Cut New York**  
Roasted fingerling Potatoes, Asparagus,  
Tarragon, Cabernet Sauvignon Reduction  
\_\_\_\_\_

**Make checks payable to SWAFDE.** (Sorry, no credit card payments can be accepted. Some alternate methods of payment may be able to be accommodated. Please contact Alan at [akreitl@azdps.gov](mailto:akreitl@azdps.gov) for further info.)

### COVID-19 Statement

By attending this meeting, I agree to follow any and all safety measures set by state and local governments, venue management, and/or SWAFDE to protect against the spread of COVID-19. This may include, but is not limited to, masks and physical distancing. Vaccination against the COVID-19 virus is encouraged but will not be required for attendance. I also acknowledge that attendance at this meeting is at my own risk; neither SWAFDE nor The Saguaro Scottsdale Hotel can be held responsible for any illness or injury which occurs as a result of attendance at this meeting.

Please check:  I agree with the above statement

### Guest Attendance Certification and Approval

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

I certify that I have reviewed the qualifications of the above listed guest attendee and that he/she is actively engaged in the examination of questioned documents or is in a formal apprenticeship training program (refer to SWAFDE membership guidelines) and is approved by me to attend this meeting. I further certify that this applicant resides in the geographical area that I represent. ANY EXCEPTIONS REQUIRE ADDITIONAL WRITTEN APPROVAL BY THE SWAFDE PRESIDENT AND MUST BE SENT WITH THIS REGISTRATION REQUEST.

SIGNED: \_\_\_\_\_ Regional Representative / Board Member

REGION: \_\_\_\_\_ PHONE: \_\_\_\_\_

**MAIL TO:** Alan Kreitl, Arizona DPS Crime Lab • 2102 West Encanto Blvd., Mail Drop 1150 • Phoenix, AZ 85012  
[akreitl@azdps.gov](mailto:akreitl@azdps.gov)