

MdE in Conjunction with

**ADORETM/peACEqTM**

**Las Vegas, Nevada**

**October 15th – 17th, 2014**

Las Vegas Metropolitan Police Department announces the 2014 MdE Users Group

**Make Plans NOW to Attend!**

WHERE: Stratosphere Hotel

2000 Las Vegas Blvd South

Las Vegas, Nevada

WHEN: Wed-Fri, Oct 15-17, 2014

 0800-1700 daily

WHO: Training Coordinators

Field Trainers

1st Line Supervisors

Support Personnel

GROUP RESERVATIONS:

**800-998-6937**

GROUP CODE: C-MDE14

RATE: T, W $38/night, Th $55

Note: all rooms have add’l $11/night resort fee which provides

FREE In-room WI-FI, fitness center access, and more.

MdE REGISTRATION FEE: $695 Includes ALL WORKSHOPS and BREAKFAST & LUNCH DAILY!

(Hotel Reservations must be made using Group Reservation and Group Code for Meals to be Provided)

EARLY BIRD RATE - $625

if registration is received before August 31st

MULTIPLE ATTENDEES - $550 for 2nd, 3rd, and 4th attendees!

Register now for a FULL 3-day event:

Train Hands-on NEW and existing

ADORETM/peACEqTM features

Attend workshops that Challenge you

Learn from others who Use

MdE products

 **

[www.MdE-Inc.com](http://www.MdE-Inc.com)

**Toll Free: 877-500-5396 . MdE@MdE-Inc.com**



**MdE Conference Registration**

**Attendee Name:** (Please complete one registration form per attendee)

**Software Workshops:** Place a checkmark in all areas you are interested in receiving training:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Overview** | **Initial Setup (Admin)** | **Advanced Setup** **(Admin)** | **Input Data (User/****Trainer)** | **Reports**  **(User/****Employee)** | **Reports** **(Admin)** |
| Performance Evaluation | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| ADORE- Field Training | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Class | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Employee Records Management | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| eQuipment | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Additional Workshops Included:**

* “FTO/Supervisory Panel Discussion” (FTOs, Supervisors, and Training Managers)
* “The Foundation of Leadership”
* “Stress Management”

**Courtesy of LVMPD:**

* Ride-Along
* Tour of Clark County Detention Center

Please describe any items you would like to discuss pertaining to the workshops noted above:

**Laptop** – Based on past conferences, we are planning on participants bringing their own laptops for use during the software workshops. We will be providing internet access. Please indicate what type of internet access your laptop

will have:

[ ]  Wireless [ ]  Wired-Cable/Cat 5 Port [ ]  Will not be able to bring a laptop [ ]  Interested in Renting a laptop

MdE Software Features/Workshops

Check the Software Features and/or Workshops you would like to discuss specific to your department needs:

**Software Features:**

[ ]  Email Option [ ]  LDAP (using Windows login/password) [ ]  LMS Option

[ ]  Import Employee Training Records (Please indicate system, if known )

[ ]  Import Call/Activity Log data from CAD/RMS (Please indicate system, if known )

[ ]  Other

**Services:**

[ ] DISC [ ] Values [ ] SLIITM (Situational Leadership) [ ] FTO Refresher [ ] Ethics Refresher [ ] Supervising Others

DEPARTMENT Field Training and Evaluation Program (FTEP)

Identify your Department's FTEP Method(s):

[ ]  San Jose [ ]  Reno/PTO [ ]  Switched from San Jose to Reno/PTO [ ]  Switched from Reno/PTO to San Jose

[ ]  Modified San Jose - Please describe:

[ ]  Modified Reno/PTO – Please describe:

[ ]  Other (Please specify)

**Contemporary Issues in Training** – Please let us know what items you would like addressed.

A questionnaire will be developed and sent out for completion prior to the conference. Results will be presented at the Opening Session of the conference:

##### Fax To: MdE, Inc. at 301-497-9587 or email to MdE@MdE-Inc.com

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**MdE Conference Registration**

AGENCY      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT [ ]  Human Resources [ ]  Training [ ] Field Training [ ]  Other

If Field Training, identify Division(s): [ ]  Patrol/LE [ ]  Corrections [ ]  Comm/Dispatch [ ]  Other

ATTENDEE NAME      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE, ZIP      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE     \_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee includes attendance at all regular workshops along with lunch provided daily.

[ ]  Before August 31st: $625

[ ]  After August 31st: $695

[ ]  Additional attendees @ $550/each #\_\_\_\_

Payment: Total $       PO #       or Credit Card \_\_\_\_ (Complete Authorization Below)

**To be Invoiced - Provide Contact Name, Number and Address if different from above:**

NAME      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE, ZIP      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE      \_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Credit Card Authorization

 Agency/Company      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cardholder Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit Card Number         -        -         -

 Expiration date     /     (MM/YY)

 3 digit CCID Number       (found on back of card)

 (Please check) [ ] MasterCard [ ] Visa

 Indicate Bank Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is Billing Address same as above?  (if not, please provide below)

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I acknowledge the above information is accurate and I am an authorized signer of the account.**

**I hereby authorize MdE, Inc. to charge the above credit card account in the amount of $     .**

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will process your request upon confirmation of the Credit Approval code.

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