

2015 MdE Users Group

***Reserve your Spot NOW!***

**ADORETM/peACEqTM**

**Columbia, MD**

***Baltimore/Washington DC Corridor***

**October 26th – 28th, 2015**

Train Hands-on NEW and existing

WHO SHOULD ATTEND:

 Training Coordinators

Field Trainers

1st Line Supervisors

Support Personnel

Equipment Managers

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

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

EARLY BIRD RATE - $645

if registration is received before

September 30st

MULTIPLE ATTENDEES –

$595 for 2nd, 3rd, and 4th attendees!

ADORETM/peACEqTM features

Benefit from the personal attention you will receive from the peACEq/ADORE Administrators and their experienced technical support team.

Network with members of other agencies from around the country and share your experiences in a professional and relaxed atmosphere.

*![C:\Users\JReaver\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\F1HJ9E44\edulearn[1].jpg]()*

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

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

**Lodging:** Holiday Inn Express & Suites Columbia- East Elkridge, 6064 Marshalee Drive, Elkridge, MD 21075

Group Reservations: 410-579-8888; Group Code: MDE

Room Rate: $119 includes Free Hi speed internet, Free parking

**Hands-On Training:**

Phoenix Technology

10420 Little Patuxent Parkway, Suite 500
Columbia, MD 21044



**MdE Conference Registration**

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

**Software Workshops:** Please sign up for specific workshops on the Agenda. There will be an overview of the following modules. Please checkmark the modules your department currently utilizes and those you’d be interested in adding at some time in the future:

|  |  |  |
| --- | --- | --- |
|  | **Currently Utilize** | **Possible Future Interest** |
| Performance Evaluation | [ ]  | [ ]  |
| ADORE- Field Training | [ ]  | [ ]  |
| Class | [ ]  | [ ]  |
| Employee Records Management | [ ]  | [ ]  |
| eQuipment | [ ]  | [ ]  |

**Additional Discussion Included:**

* “FTO/Supervisory Panel Discussion” (FTOs, Supervisors, and Training Managers)

Please describe any department training issues, software questions/features you would like to discuss:

**Laptop** – Based on past conferences, ***we are providing a computer lab environment with desktop computers***. No laptop is needed on your part. To maximize training time, we will not troubleshoot laptops that are brought to the training session.

MdE Software Features/Services

Check the Software Features and/or Services 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 to present or would like addressed:

##### 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.

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

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