

RESOLUTION REQUEST FORM NO. 15

Requesting Approval for Out-of-State Travel*

****If the conference announcement or details are available in writing, please attach.***

DEPARTMENT NAME: SHERIFF

DATE: AUGUST 27, 2012

- (a) Dates of Travel: OCTOBER 25 - 27, 2012
- (b) Purpose (include complete name of any conference, school, etc.): 2012 NHTSA CHILD PASSENGER SAFETY TECHNICAL CONFERENCE
- (c) City/Town & State: ATLANTIC CITY, NEW JERSEY
- (d) Employee(s) Traveling (include title(s): RICHARD SWAN, PETER DiFIORE, JEREMY COON, WILLIAM ST. JOHN, STEVEN HUNTINGTON, GEORGE CARPENTER
- (e) Is County paying the costs or is another Agency? COSTS TO BE REIMBURSED FROM THE CHILD PASSENGER SAFETY GRANT.
- (f) Mode of Transportation to be Use: COUNTY VEHICLE
(County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

Authorization To Attend Meeting or Convention

Check One:

- In-State (needs Supervisory Committee authorization)
 Out Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Po Swan, PO Carpenter, CO Huntinton, PO St. John, PO Coon and Sgt. DiFiore
(committee) (name)

To attend 2012 NHTSA Child Passenger Safety Training Conference
(name of meeting or organization)

At Sheraton Atlantic City, New Jersey
(address)

On 10/25/12 - 10/27/12. Mode of Transportation to be used Sheriff's Office vehicle
(dates) (county vehicle or mass transportation)

If the mode of transportation is not a county vehicle or mass transportation please explain: _____

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA Rate \$ _____
 Meal costs – GSA per diem rate \$27.00 per day
(see www.gsa.gov)

Date: 8/12/12 Signature [Signature]
(department head)

Date: 8/27/12 Signature [Signature]
(Committee Chairman)

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

Request For Use Of A Fleet Vehicle

Filing Instructions:

1. Original with voucher to Auditor
2. Copy to Frank Morehouse if fleet vehicle is requested
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to commissioner of Administrative and Fiscal Services if credit card will be used.



2012 NHTSA REGION 2
CHILD PASSENGER SAFETY
TECHNICAL CONFERENCE
REGISTRATION FORM

New York Registration at www.safenyny.gov

October 25 – 27, 2012
Sheraton Atlantic City Convention Center
Atlantic City, New Jersey

COMPLETE THE FOLLOWING - PLEASE PRINT CLEARLY OR TYPE- THANK YOU

First Name:	Rich
Last Name:	Swan
Preferred name for badge:	Officer R. Swan
CPS Technician / Instructor #:	T696789
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	richard.swan@sheriff.co.warren.ny.us
Type of Payment - MUST BE INCLUDED	<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order

Conference registration fee includes: Welcome Reception (Thursday Evening), access to all exhibits, vendors, conference sessions and workshops each day, meals including breakfast and luncheon on Friday, and breakfast on Saturday, as well as all Conference programs & materials.

Registration on or before September 14, 2012 - \$150
Registrations sent without a check or purchase order will be returned!
No late registrations will be accepted

- ◆ Please make check or PO payable to: South Jersey Traffic Safety Alliance (SJTSA)
Note "CPS Conference" in memo section of Checks and Purchase Orders
- ◆ Return completed registration form with check or purchase order to:
Susan Staie, GTSC, 6 Empire State Plaza, Room 414 Albany, New York 12228
Attention: CPS Conference
- ◆ If using a Purchase Order, payments must be made prior to the conference. Any questions regarding purchase orders, call Teresa Thomas (856) 794-1941.
- ◆ Address to be used on Purchase Order is: Child Passenger Safety Conference, SJTSA,
782 S. Brewster Road, Unit B6, Vineland, New Jersey 08361
- ◆ SJTSA Federal ID number for purchase orders is 22-3200859.

We are only making reservations for the two nights of the conference.

If you wish to extend you stay, you are responsible for making your own reservations. You will be given the state rate of \$96 + tax per night (up to 3 nights before & after the conference). The website for the hotel is

<http://www.sheratonatlanticcity.com>

SPECIAL DIETARY NEEDS? Send an e-mail to: Sue.Staie@dmv.ny.gov



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COMPLETE THE FOLLOWING - PLEASE PRINT CLEARLY OR TYPE- THANK YOU

First Name:	Peter
Last Name:	DiFiore
Preferred name for badge:	Sgt. P. DiFiore
CPS Technician / Instructor #:	T658929
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	peter.difiore@sheriff.co.warren.ny.us
Type of Payment - MUST BE INCLUDED	<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order

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Atlantic City, New Jersey

COMPLETE THE FOLLOWING - PLEASE PRINT CLEARLY OR TYPE- THANK YOU

First Name:	Jeremy
Last Name:	Coon
Preferred name for badge:	Officer J. Coon
CPS Technician / Instructor #:	T658917
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	jeremy.coon@sheriff.co.warren.ny.us
Type of Payment - MUST BE INCLUDED	<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order

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First Name:	William
Last Name:	St. John
Preferred name for badge:	Officer St. John
CPS Technician / Instructor #:	T658925
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	william.stjohn@sheriff.co.warren.ny.us
Type of Payment - MUST BE INCLUDED	<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order

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First Name:	Steven
Last Name:	Huntington
Preferred name for badge:	Officer S. Huntington
CPS Technician / Instructor #:	I001843
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	steven.huntington@sheriff.co.warren.ny.us
Type of Payment - MUST BE INCLUDED	<input type="checkbox"/> Check <input type="checkbox"/> Purchase Order

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First Name:	George
Last Name:	Carpenter
Preferred name for badge:	Officer G. Carpenter
CPS Technician / Instructor #:	T696787
Check Box if you are:	Exhibitor <input type="checkbox"/> Workshop Presenter <input type="checkbox"/>
Organization:	Warren County Sheriff's Office
Address:	1400 State Route 9
Street:	
City, State, Zip Code (or Territory)	Lake George, NY 12845
Phone #: (will not be published)	518.743.2500
Fax:	518.743.2524
E-mail: (for registration confirmation)	george.carpenter@sheriff.co.warren.ny.us
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