

The New York State Sheriffs' Association Institute, Inc.

Invites you to the:

2nd Annual New York Statewide Conference on VINE

REMINDER!

Friday, April 18th, 2008

at the

Holiday Inn Albany on Wolf Road, Albany, NY

Tentative Agenda

8:30 - 10:00 am

Registration and Continental Breakfast

10:00 - 10:20 am

Pledge of Allegiance

Welcome

Overview

10:20 - 11:10 am

A Survivor's Perspective

VINE Update

vinelink.com - Training Session

11:10 - 11:30 am

Break

11:30 - 12:00 noon

Keynote Address

12:00 - 1:00 pm

Workshops

a) VINE and Law Enforcement

b) VINE and Domestic Violence

c) VINE and Probation

1:00 - 2:30 pm

Networking Lunch

2:30 - 3:30 pm

A Criminal Justice Perspective

A Program Overview

3:30 - 3:45 pm

Break

3:45 - 4:15 pm

A Managers' Perspective on VINE

To register, contact Irene Colwill at

518.434.9091 or by e-mail:

icolwill@nysheriffs.org



V.I.N.E.

Victim Information and Notification Everyday

*This Conference is dedicated to the loving memory
of murder victim Mary Byron and her parents,
John and Pat Byron, who have worked tirelessly for
ALL Victims of Crime in the United States.*



RESERVATION FORM

NYS Sheriff's Association Institute Inc.

Thursday, April 17, 2008 . Saturday, April 19, 2008

Guest Room Rate

Single (1 person): \$103.00 per room per night, plus tax
Double (2 people): \$103.00 per room per night, plus tax

Reservations must be made prior to March 27, 2008

6 ONE FORM PER ROOM –

Smoking Preference (Based on Availability)

Smoking Room _____ Non-Smoking Room _____

Guarantee / Cancellation Policy

*A credit card or a deposit equal to one night's room and tax is required for each room.
Guest Room Reservations can be cancelled 72 hours prior to the arrival date and all deposits will be refunded.*

Tax Exemption Policy

*To be considered for Tax Exemption; a Copy of a Purchase Order or a Tax Exemption Certificate
(Federal ST-129 or State AC-946) must be included with this Reservation Form.
Exemption Certificates **WILL NOT** be accepted at Check-in.*

CHECK-IN TIME: 4:00PM
CHECK-OUT TIME: 12:00PM

Amount of Deposit Enclosed _____
Credit Card Number _____
Expiration Date _____
Name as it Appears on the Card _____
Name _____
Address _____
City, State, Zip Code _____
Daytime Telephone () _____
Arrival Date _____
Departure Date _____
Number of Persons _____
Sharing With _____

Please return this form directly to the Hotel Reservations Department:
205 Wolf Road ~ Albany, New York 12205
Phone: (518) 458-7250

Fax: (518) 458-7377