



Ontario Homicide Investigator's Association

2009 Homicide Workshop

Partners in Investigative Excellence

May 4 – May 8, 2009

Niagara Falls, Ontario



**The “Must-Attend” Seminar for Canadian Police
Homicide and Criminal Investigators**

Seminar Content Coming Soon!

Delegate Packages Remain at the 2008 Price of \$400.00

REGISTER NOW ONLINE AT www.oacp.on.ca

“Congratulations to S/Sgt. Matt Crone, Chair of Ontario Homicide Investigators Association for another outstanding Homicide conference held in Niagara Falls, May 5 – 9. A resounding successful workshop hosted 176 delegates from across Canada and the United States (with) presentations from dynamic speakers related to Canadian content.”

- The OACP Agenda, June 2008



OHIA AWARDS OF MERIT – 2008 OHIA Conference

**(Left to Right) Chief William Blair, Toronto Police Service, President OACP (presenting),
Detective Inspector Steve Rooke, O.P.P., Detective Sergeant David Hunter, N.R.P.S.,
Detective Inspector Daniel Redman, O.P.P., Detective Inspector Allan Frost H.R.P.S.**

Ontario Homicide Workshop - May 2009



Embassy Suites Hotel, Niagara Falls, ON
May 4 – May 8, 2009



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Registration fee:

- \$400 plus GST
Additional banquet tickets for Thursday May 7/09 - \$50.00 plus GST each

Register Today!

- **On-line** registration at <https://www.confmanager.com/main.cfm?cid=1565&tid=0&nid=0>
- **Fax** to 416-926-0436
- **Mail** to Ontario Association of Chiefs of Police, 40 College Street, Suite 605, Toronto, ON M5G 2J3 (please make cheques payable to the Ontario Association of Chiefs of Police (OACP)).

Accommodations are available at the Embassy Suites Hotel in Niagara Falls at a conference rate of \$135/night (includes breakfast). Please call 1-800-420-6980 before April 10, 2009 to book your room and request the OACP Homicide Workshop block.

For more information, please contact Christina Forsythe at 416-926-0424 ext. 23 or events@oacp.on.ca.

Registration Form

Name: _____ Rank: _____

Police Service: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Registration Fee: \$_____ Banquet Tickets: \$_____ Total (incl GST) \$_____

Cheque enclosed (payable to OACP) Visa MasterCard American Express

Cardholder name: _____ Signature: _____

Credit card number: _____ Expiry: _____

***Cancellations must be received in writing by April 10 and are subject to a \$50 charge.
After April 10, NO REFUNDS are permitted. Substitutions are welcome at no charge.***