

For Treasurer's use only

Date Paid: _____

Check# _____

Amount _____

2026 Surviving to Thriving Conference Eligibility

WASateC.O.P.S. offers \$800, for up to 5 survivors attending the conference, in order of receipt; we will let you know if your request is one of the first 5

By accepting financial assistance from WASateC.O.P.S. for the purpose of attending the Surviving to Thriving conference, I agree to the following:

1. I did / will attend appropriate C.O.P.S. sessions on Friday, November 6
2. I did / will attend appropriate C.O.P.S. sessions on Saturday, November 7
3. I did / will attend appropriate C.O.P.S. sessions on Sunday, November 8
4. I have provided proof of attendance (e.g., airfare receipt, confirmation by National C.O.P.S.)

By checking this box, I understand that to be eligible for this assistance:

1. I am a survivor of, or support for, a law enforcement officer who died in the line of duty as defined by federal criteria
2. I am a resident of the state of Washington
3. I did not / have not / shall not receive funds from any other source

I am a/an (circle appropriate survivor type). NOTE: if you are accompanying an LODD survivor and none of the survivor types apply, circle the box for their survivor type.

| | | | | |
|-------------|-----------------------------|----------------------|---------|---|
| Spouse | Fiancée / significant other | Parent / step-parent | Sibling | Extended family, such as: (grandparent, in-law, uncle, etc.) |
| Adult child | Affected Co-worker | Support personnel | Child | |

By checking this box, I understand that if I did not comply with these requirements, but I have received payment to attend the conference, I will reimburse WASateC.O.P.S. that payment.

NOTE: We are not responsible for, and will not reimburse, for cancelled / missed flights

Date _____

Signature _____

Printed Name _____

Email Address _____

Address _____

City, State, ZIP _____

Cell Number _____

Within 60 days of the Surviving to Thriving conference, email completed form and proof of attendance to info@washingtonstatecops.org or mail to P.O. Box 111772, Tacoma, WA, 98411-1772