JOHN M. BAILEY SEMINAR
&
CPCA FALL QUARTERLY MEETING & MINI-EXPO
Wednesday, September 23, 2026 – 8:00 a.m. - 2:30 p.m.

Aqua Turf Club
Kay's Pier North/South

Mandatory Police Training: CGHS 7-294m (POST Credits):
Connecticut Police Chiefs
Connecticut Police Training Officers
Connecticut State Police Resident Troopers
State Police Training Academy
Please note : The agenda and training content are still being developed

COURSE ANNOUNCEMENT

The Department of Emergency Services and Public Protection, Police Officer Standards and Training Field Services Division in conjunction with the Office of the Chief State's Attorney (OCSA) has scheduled **ONE** mandatory training session on **Wednesday, September 23, 2026**, from **9:30 AM to 12:30 PM**. Attendance is unlimited and there is no charge if you are just attending the John M. Bailey Seminar. However, you must be registered to attend. Professional, business attire or uniform-of-the day is required.

Schedule

7:30 a.m.	Exhibitor Set-up begins with Coffee - Kay's Pier
8:00 a.m. – 9:30 a.m.	Attendee Registration/Coffee Break/Visit Exhibitors-Kay's Pier
9:30 a.m. – 10:45 a.m.	**Chief State's Attorney Update - Kay's Pier**
10:45a.m. -11:00a.m.	Break/Visit Exhibitors - Kay's Pier
11:00 a.m.-12:30 a.m.	**Chief State's Attorney Update – Kay's Pier**
12:30 p.m.-2:30p.m.	CPCA Fall Business Meeting/Lunch - Kay's Pier

HOST CHIEF:
Chief Jack Daly, Southington

JOHN M. BAILEY SEMINAR/CPCA FALL QUARTERLY MEETING & MINI-EXPO
LUNCH REGISTRATION

Wednesday, September 23, 2026 – 8:00 a.m. - 2:30 p.m.

Registration and payment are required for attendance at any part of the meeting.

$65 per Member/Guest of Member; $65 per Life Member; $75 per Non-Member

Registration must be accompanied by full payment or by a copy of purchase order in progress.

Registration Deadline: September 16, 2026

Name: _____

Name: _____

Name: _____

Name: _____

(Attach sheet for additional names)

Address: _____

City: _____ State: _____ Zip: _____

Phone:_____Email: _____

Total Amount Enclosed $_____ Make check payable to CPCA or Pay by Credit Card

Payment Type: Check#: _____ ☐ MasterCard ☐ Visa ☐ AMEX

Name on Card:_____

Card #:_____ Exp. Date: _____

Signature: _____ Date: _____

Billing Address: _____

City_____ State: _____ Zip: _____

Email Address: _____

All registrations return to: E-mail: MMarenholz@cpcanet.org

CPCA, 365 Silas Deane Highway, Suite 1A-Wethersfield, CT 06109

(860) 757-3909 Fax: (860) 436-6054