

**THE PALM BEACH COUNTY SHERIFF'S OFFICE
VIOLENT CRIMES DIVISION**

12th Annual

HOMICIDE CONFERENCE



December 5 - 7, 2016

8:00am – 5:00pm

“INTERVIEWS & INTERROGATIONS - STAGED CRIME SCENES”

***“Interviews &
Interrogations”***

Detective Sergeant
Cliff Porter, El Paso County
Sheriff's Office
Major Crimes Unit

***“Crime Scene Staging
Dynamics in
Homicide Cases”***

Forensic Criminologist,
Dr. Laura Pettler
Carolina Forensics
Website: LauraPettler.com

***“Body Language, Lying,
Deception & Non-verbal
Communication”***

Mike Liwicki (FBI retired)
Website: Mikeliwicki.com

“Leadership & Adversity”

First Sergeant Matt Eversmann (Ret.)
Hero of the Epic Film, Blackhawk Down, and
the Battle of Mogadishu

***“Criminal Profiling in Homicide
Investigations”***

Special Agent Leslie D'Ambrosia
Florida Department of Law Enforcement

**** Other Topics to be Announced ****



CONFERENCE LOCATION:

Embassy Suites West Palm Beach
1601 Belvedere Road
West Palm Beach FL, 33406
Direct: 561.688.8625
www.eswestpalmbeach.com

Hotel Rate is \$95.00 per night.
Contact hotel directly for reservations.
Hotel Booking Code: **XHO**
Hotel registration deadline is November 8, 2016.

**Fee: \$300 per student for the Conference
(Breakfast & Lunch included)**

**Make Checks payable to:
Palm Beach County Sheriff's Office**

**Send payment to:
Tami Shoemaker, 3228 Gun Club Road
West Palm Beach, Florida 33406
(561) 688-4001**

Or register by email at: shoemakertw@pbso.org

PALM BEACH COUNTY SHERIFF'S OFFICE
12TH ANNUAL HOMICIDE CONFERENCE – DECEMBER 5TH- 7TH, 2016

REGISTRATION FORM

Registering Person's Information

Registering Person's Name: _____ Check box if attending conference ☐
Registering Person's Title: _____ Phone Number: _____
Agency: _____
Agency Address: _____
Registering Person's Email: _____

Conference Attendee Information

1 Attendee First Name: _____ Attendee's Last Name: _____
Attendee's Title: _____ Attendee's Phone #: _____
Attendee's E-Mail: _____
Attendee's Agency (If different than above): _____

Conference Attendee Information

2 Attendee First Name: _____ Attendee's Last Name: _____
Attendee's Title: _____ Attendee's Phone #: _____
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Attendee's E-Mail: _____
Attendee's Agency (If different than above): _____

FOR OFFICE USE ONLY

Registered: ☐ Yes ☐ No

Method of Payment: _____

Amount Paid: _____

[Click Here to E-mail Registration Form](#)