

JOIN US IN NEW ORLEANS!

NOVEMBER 13-16, 2025



- ◆ TOP-RATED KEYNOTE SPEAKERS
- ◆ IMPACTFUL AND ENGAGING PRESENTERS
- ◆ LIFE-CHANGING SESSIONS
- ◆ NETWORKING WITH THE LAW ENFORCEMENT COMMUNITY
- ◆ EASYGOING AND FESTIVE SPIRIT OF NEW ORLEANS

EMPOWERED BY



STREAMLIGHT®

C.O.P.S. invites all active and retired law enforcement officers, peer support, counselors, police chaplains, correctional officers, dispatchers, and spouses/significant others, to attend this weekend of education, networking, healing and entertainment.

This conference focuses on trauma and wellness, proactively addressing the cumulative stressors that can occur throughout an officer's career. When you attend this conference, you not only get three days of over 25 incredible speakers, you also get the peer support and networking with your fellow law enforcement community members and supporters!

Conference and Hotel Location:

New Orleans Marriott
555 Canal St., New Orleans, LA
Room Rate is \$162.00/night (+ tax) (Single/Double)

A link to book a hotel room is available on the C.O.P.S. website.
A link will also be included in the confirmation email once a registration is submitted.

CONFERENCE FEE ONLY \$350 PER PERSON!

\$175 for Spouses/Significant Other
if attending with paid participant.

Fee includes access to all classes, general sessions, law enforcement appreciation night reception/dinner, and 2 lunches.



SCAN ME

FEATURING:



Keynote Speaker
ALLYN GOODRICH
AUTHOR/LAS VEGAS SWAT



Keynote Speaker
DAVID BLACK, PH.D.
CORDICO CEO/FOUNDER



Keynote Speaker
SAM GLENN
AUTHOR/INSPIRATIONAL SPEAKER



Entertainment
KEVIN JORDAN
COMEDIAN/AUTHOR/FORMER LAPD

Putting the focus on YOU, to bring you home to THEM!

WWW.CONCERNSOFPOLICESURVIVORS.ORG



REGISTRATION DEADLINE IS OCTOBER 30, 2025

Please register the following individuals. Be sure to print legibly; attendance certificates will be printed from this information.

Title_____First Name_____Last Name_____

Title_____First Name_____Last Name_____

Title_____First Name_____Last Name_____

Title_____First Name_____Last Name_____

Agency_____

Department Mailing Address_____

City_____State_____Zip_____

Department Phone_____

Email(s)_____

Attach a list if more than 4 individuals in your agency are interested.

IF SPACE IS AVAILABLE, we will contact them about attending. Registration deadline for each session coincides with that location's hotel deadline unless otherwise noted.

☐ Our Department Will Need Invoiced

Invoice Name_____Phone Number_____

Email Address_____



Scan and Email completed registration to:
copsleconference@nationalcops.org