

CRIME PREVENTION

STARK COUNTY CRIME PREVENTION BREAKFAST

WEDNESDAY, MARCH 27, 2024

8 am - 9:30 am

Registration - 7:30 am

NEW LOCATION: FIRST CHRISTIAN CHURCH
6900 Market Ave N., Canton, OH 44721

Join us at the Crime Prevention Breakfast & Awards, featuring keynote speaker **Gino Haynes, Leadership Culture & Development Consultant - Legacy Consulting, and Community Organizer for Canton For All People.**

Celebrate outstanding law enforcement and community members, including the Canton City Police Officer, Stark County Deputy, and Community Police Officer of the Year. Participate in recognizing the Crime Prevention Citizen of the Year for exemplary efforts in crime prevention and supporting law enforcement.

NEW this year, we're partnering with StarkMHAR to award the Crisis Intervention Team (CIT) Officer of the Year and CIT Champion of the Year.

Don't miss this chance to come together in commendation and support for those making a difference in our community.

Show your support by purchasing tickets for yourself or by donating them to law enforcement agencies. Your contribution helps honor these individuals and provides complimentary breakfast to Stark County law enforcement officers.



bit.ly/cpb-2024

SPONSORED BY: CANTON-STARK COUNTY EXCHANGE CLUB · CANTON REGIONAL CHAMBER OF COMMERCE
STARK COUNTY CHIEFS OF POLICE ASSOCIATION · STARK COUNTY PROSECUTOR'S OFFICE ·
CANTON CITY POLICE DEPARTMENT · STARK COUNTY SHERIFF'S OFFICE · STARK COUNTY SAFETY COUNCIL

For reservations, register online at www.cantonchamber.org, or print the form and mail to the address below
REGISTRATION DEADLINE IS WEDNESDAY, MARCH 20. RESERVATIONS ARE REQUIRED.

Crime Prevention & Awards Breakfast
3/27/2024 - First Christian Church

Make payable
& mail to:

Canton Regional Chamber of Commerce
222 Market Ave N, Canton, OH 44702

Please make _____ reservations at \$20 per person. Please donate _____ tickets at \$20 per person. Amount enclosed _____.

Payment Options*: ☐ Check enclosed ☐ Please bill my credit card

(circle one) MasterCard VISA AmEx Discover CC#: _____ 3 digit #: _____ Exp: _____

Name as it appears on card _____ Email Address: _____

Attendees: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

***Payment due in advance or at the door. Reservation cancellations received less than 48 hours prior to the event will be billed accordingly.**