

MASIT Law Enforcement Risk Management Conference 2025

August 12-13, 2025

Sheraton Flowood - The Refuge Hotel & Conference Center
2200 Refuge Blvd, Flowood, MS 39323

16

Continuing Education Units

Who Should Attend

Mississippi county sheriffs, their deputies, training officers, jail administrators and wardens, county attorneys, risk managers, and professionals responsible for law-enforcement operations.

Your annual MASIT contribution or premium is calculated from two main levers—claims loss history (frequency+severity) and exposure (number of deputies, jail population, vehicles, etc.). Frequent claims and high pay outs drive premiums. The Law Enforcement Risk-Management Conference is your best chance this year to reverse that upward pressure and to keep premiums as low as possible.

Why You Should Attend



Premium = Losses x Exposure

Large or repeated jail and deputy claims drive up each county's limits, deductibles and contributions.



Training Works

National studies put the average post-training drop in law-enforcement liability cost at 17%-25%.



MASIT is only as strong as our weakest link

When one member improves its risk profile, every member enjoys rate stability.

Overview

Jail and Law Enforcement

- Officer and Agency Liability
- Making Policies and Training a Priority
- Use of Force and Restraints
- Harassment and Sexual Misconduct

Law Enforcement Operations

- Vehicle Pursuit
- High Risk Warrant Service

Jail Operations

- Medical Care and Officer Responsibility
- Detainee Welfare Checks and Security Checks

Speakers



Stephen Campbell, LLRMI



Will Allen, Butler Snow



MASIT

MAS Insurance Trust

2025 LAW ENFORCEMENT RISK MANAGEMENT CONFERENCE SHERATON REFUGE HOTEL & CONFERENCE CENTER | FLOWOOD, MS AUG. 12-13, 2025

REGISTRATION INFORMATION

MASIT's 2025 Law Enforcement Risk Management Conference will be held **August 12-13, 2025**, at the **Sheraton Refuge Hotel & Conference Center at 2200 Refuge Blvd, Flowood, MS 39232**.

REGISTRATION OPENS: JUNE 2, 2025

County Officials/ Employees/ Guests*:

MASIT Member County \$295

MASIT Non-Member County \$395

REGISTRATION CLOSES: AUGUST 4, 2025

Agents/ Attorneys/ Vendors/ Other:

Per Person \$350

** Due to the nature of this event, Guests may register at the MASIT Non-Member County rate.*

CANCELLATION POLICY

Cancellation requests must be submitted by email to masit@massup.org no later than August 1, 2025. Requests received after August 1 will not be credited or refunded.

CONFERENCE HOTELS

- You must request MASIT rate **at the time reservation is made** to guarantee block rates. Rates cannot be changed at check-in or check-out. Block rates are subject to sales tax and fees (vary by property).
- You must confirm required deposit, cancellation, check-out, tax exemption payment requirements and other policies with hotel at the time reservation is made.
- If using booking link, please confirm you have the correct dates entered, or Hotel may appear to be sold out if dates are entered incorrectly.

Sheraton Refuge Hotel & Conference Center

2200 Refuge Boulevard, Flowood, MS 39232

Rate\$181

Cutoff Date.....July 11, 2025

Group CodeSI5

Booking Link..... tinyurl.com/2025LERM

Phone: 601.936.4550

Hilton Garden Inn

118 Laurel Park Cove, Flowood, MS 39232

Rate\$139

Cutoff Date.....July 15, 2025

Group CodeMASIT

Booking Link..... tinyurl.com/2025MASIT

Phone: 601.909.4000

Candlewood Suites

3810 Flowood Drive, Flowood, MS 39232

Rate..... \$126/\$149

Cutoff DateJuly 10, 2025

Group Code..... MAS

Booking Link..... tinyurl.com/2025MAS

Phone: 601.326.3600

**2025 LAW ENFORCEMENT RISK MANAGEMENT CONFERENCE
REGISTRATION FORM**

Mail to: MAS Insurance Trust
793 N. President Street
Jackson, MS 39202

Attn: Stephanie Spangler
Fax to: 601.353.2749
Email to: MASIT@massup.org

County/Company Name: _____ Purchase Order: _____

Completed By: _____ Title: _____

Full Name: _____ Title: _____ Email*: _____
Full Name: _____ Title: _____ Email*: _____
Full Name: _____ Title: _____ Email*: _____
Full Name: _____ Title: _____ Email*: _____

* Attendees must provide individual email address to receive certification form (no duplicate emails).

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☐ Send bill to: ☐ Check enclosed (Number: _____) ***Make check payable to MAS Insurance Trust.***

Billing Contact Name: _____ Title: _____

Billing Address: _____

Email: _____ Phone: _____

MASIT USE ONLY					
Date Rec'd		MS Inv		Paid Amt	
Amt Due		QB Inv		Check No	