

**SAVE \$\$\$
REGISTER BEFORE
June 19, 2009**

ADVANCE REGISTRATION



139th Congress of Correction • Nashville, Tennessee • Aug. 7-12, 2009

REGISTER BY JUNE 19, 2009

To register using a credit card: **FAX** completed form to (980) 233-3800 — **PHONE** (866) 692-2070/(980) 233-3822 — **WEB** www.aca.org
MAIL, send completed form with check or purchase order to: EPIC/ACA, 10900 Granite Street, Charlotte, NC 28273

Registrations at the early bird rate cannot be accepted after June 19, 2009. Any registrations received after July 24, 2009, will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before July 31, 2009.

I wish to register for ACA's 139 th Congress of Correction...	Early Bird ON or BEFORE 6/19/09	Advance ON or BEFORE 7/24/09	On-site AFTER 7/24/09
Member registration rate. (Member ID# _____ exp. date _____) <i>ACA I.D.# must be listed. Dues must be paid through September 1, 2009.</i>	\$245 <input type="checkbox"/>	\$300 <input type="checkbox"/>	\$330 <input type="checkbox"/>
Non-member registration rate.	\$300 <input type="checkbox"/>	\$325 <input type="checkbox"/>	\$350 <input type="checkbox"/>
<input type="checkbox"/> I would like take advantage of and become an ACA member for \$5 above the non-member price	\$305 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$355 <input type="checkbox"/>
One-Day registration rate. Check day you will be attending: <input type="checkbox"/> SAT 8/8 <input type="checkbox"/> SUN 8/9 <input type="checkbox"/> MON 8/10 <input type="checkbox"/> TUES 8/11 <input type="checkbox"/> WED 8/12	\$140 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$230 <input type="checkbox"/>
Student registration rate. (Not employed in corrections. Copy of Student I.D. Card required.)	\$75 <input type="checkbox"/>	\$105 <input type="checkbox"/>	\$115 <input type="checkbox"/>

Please check the one box that most closely reflects your job title:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Commissioner/Director | <input type="checkbox"/> Health Care | <input type="checkbox"/> Officer | <input type="checkbox"/> Program Admin. |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Sherriff/Chief | <input type="checkbox"/> Operations | <input type="checkbox"/> Academic/Researcher |
| <input type="checkbox"/> Warden/Dpty./Asst. | <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Trainer | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Superintendent/Dpty./Asst. | <input type="checkbox"/> Food Service | <input type="checkbox"/> Architect/Design | |

Continuing Education Credits

CME (ACCME Accredited-MD's only)	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
CE (contact hours for nurses, other professionals)	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
CEUs	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>

If you are a Certified Corrections Professional (CCP), check here (for tracking credits)



ADA Needs _____

(An ACA staff member will call to discuss accommodations.)

PLEASE PRINT OR TYPE

Please be sure to use **ONLY** the allotted number of spaces.

First name _____ M.I. _____ Degree _____

Last name _____

Title _____

Agency/Company _____

Address _____

City _____ State _____ Zip _____

Country (Other than U.S.) _____ E-mail Address _____

Business Phone _____ FAX _____

Check here if you make final decision on purchases Check here if you are a First-Time Attendee

Payment

Check made payable to ACA (Check # _____) Charge to: VISA MASTERCARD AMEX DISCOVER DINERS CLUB

PRINT Cardmember Name _____ Cardmember Signature (required) _____

Account Number _____

Exp. Date _____

V-code _____

There will be a \$50 cancellation fee regardless of reason

No refunds will be given unless a written request is received on or before July 31, 2009.
E-mail: NASH09@aca.org