

SAVE \$\$\$
REGISTER BEFORE
July 23, 2010

ADVANCE REGISTRATION



REGISTER BY JULY 23, 2010

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 advance rate cannot be accepted after July 23, 2010. Any registrations received after July 23, 2010, will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before July 30, 2010.

I wish to register for ACA's 140th Congress of Correction...

Member registration rate. (Member ID# _____)
ACA I.D.# must be listed. Dues must be paid through September 1, 2010.

Nonmember registration rate.

I would like take advantage of and become an ACA member for \$5 above the non-member price

One-Day registration rate. Check day you will be attending:

SAT 7/31 SUN 8/1 MON 8/2 TUES 8/3 WED 8/4

Student registration rate. (Not employed in corrections. Copy of Student I.D. Card required.)

	Advance ON or BEFORE 7/23/10	On -site AFTER 7/23/10
Member registration rate	\$250 <input type="checkbox"/>	\$295 <input type="checkbox"/>
Nonmember registration rate	\$300 <input type="checkbox"/>	\$320 <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"/>	\$325 <input type="checkbox"/>
One-Day registration rate	\$130 <input type="checkbox"/>	\$150 <input type="checkbox"/>
Student registration rate	\$75 <input type="checkbox"/>	\$105 <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 \$30

CE (contact hours for nurses, other professionals)

\$30 \$30

CEUs

\$30 \$30

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 _____

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 23, 2010.

E-mail: Chicago2010@aca.org

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