

# ACA FAMILY AUXILIARY REGISTRATION

## 140<sup>th</sup> Congress of Correction

If you are paying by credit card, fax the completed form to (980) 233-3800. Payment must accompany this form. You may also mail the completed form with your check (payable to ACA) to: ACA/EPIC, 10900 Granite Street, Charlotte, NC, 28273.

Name \_\_\_\_\_  
(of Family Member Registering Under Family Auxiliary, cannot be employed in corrections)

Name \_\_\_\_\_  
(of Registered Conference Attendee)

Names and Ages of Children Attending \_\_\_\_\_ / \_\_, \_\_\_\_\_ / \_\_, \_\_\_\_\_ / \_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Auxiliary Registrant's Occupation \_\_\_\_\_

Auxiliary Registrant's Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Auxiliary Registration: \$95 per family in advance (or \$110 on-site) \$ \_\_\_\_\_

\*You must pay this fee if you wish to participate in Conference-related activities.

Enclosed is my check in the amount of \$ \_\_\_\_\_, made payable to the ACA.

I wish to pay with my  VISA  MasterCard  AmEx  Diners Club  Discover

Name on Card (print) \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Indicate the v-code number located on the back of the credit card on the signature strip \_\_\_\_\_)

\*Registrations cannot be accepted at the advance rate after July 24, 2010. No refunds for Family Auxiliary Program registration will be made unless a written request is received on or before July 31, 2010. All programs are subject to change. ACA reserves the right to cancel or alter an activity in the event of extenuating circumstances.