SAVE $$$ REGISTER BEFORE Dec. 19, 2007

ADVANCE REGISTRATION

ACA FOUNDED 1870

2008 Winter Conference • Grapevine, Texas • January 11-16, 2008

REGISTER BY DECEMBER 28, 2007

To register using a credit card: FAX completed form to (301) 206-9789 — PHONE (800) 222-5646, ext. 0129 — WEB www.aca.org — MAIL, send completed form with check or purchase order to: American Correctional Association, Conventions Department, P.O. Box 201, Annapolis Junction, MD 20701.

Registrations at the advance rate cannot be accepted after December 28, 2007. Any registrations received after **December 28, 2007,** will automatically be charged the on-site rate. **Invoiced agency purchase orders must be paid in full on or before December 28, 2007.**

	Advance ON or BEFORE 12/28/07	On-site AFTER 12/28/07
I wish to register for ACA's Winter Conference.		
Member registration rate. *(Member ID#_____exp. date_____)* ACA I.D.# must be listed. Dues must be paid through **February 2008.**	$250 ❑	$285 ❑
Non-member registration rate.	$275 ❑	$310 ❑
❑ *I would like to become an ACA member for $5 above the non-member price*	$280 ❑	$315 ❑
One-Day registration rate. *Check day you will be attending:* ❑ SAT 1/12 ❑ SUN 1/13 ❑ MON 1/14 ❑ TUES 1/15 ❑ WED 1/16	$150 ❑	$180 ❑
Student registration rate. (*Not employed in corrections. Copy of Student I.D. Card required.*)	$95 ❑	$105 ❑
FOR HEALTH CARE PROFESSIONALS ONLY — Special Discount		
Healthcare Professional Interest Section (H-PIS) members *(ACA/H-PIS I.D. # _____ exp. date _____)*	$205 ❑	$225 ❑
Nonmembers (in health care field)	$230 ❑	$255 ❑
❑ *I would like to join H-PIS and become an ACA member for $5 above the non-member price.*	$235 ❑	$260 ❑
Continuing Education Credits		
CME (ACCME Accredited-Medical Personel except nurses)	$30 ❑	$30 ❑
CE (contact hours for nurses, other professional staff)	$30 ❑	$30 ❑
CEUs (available to all corrections staff)	$25 ❑	$25 ❑

If you are an ACA Certified Corrections Professional (CCP), check here ❑ (no charge for tracking certification credits)

❑ *ADA Needs* _____

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 _____

METHOD OF PAYMENT

❑ *CASH*
❑ *CHECK* Check# _____
❑ *TRAVELER'S CHECK*
❑ *VISA* ❑ *MASTERCARD*
❑ *AMERICAN EXPRESS*
❑ *DINERS CLUB* ❑ *DISCOVER*
Cashier's Initials _____ Date _____

No refunds will be given unless a written request is received on or before December 28, 2007. E-mail: grapevine08@aca.org.

❑ *Check here if you are with an Adult Facility* ❑ *Check here if you are a First-Time Attendee*
❑ *Check here if you are with a Juvenile Justice Facility* ❑ *Check here if you are a Correctional Health Care Provider*

Payment

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

*PRINT Cardmember Name*_____ *Cardmember Signature*_____ *(required)*

If billing address for the above credit card is different, please indicate below.

Account Number _____ *Exp. Date* __ __ – __ __ – __ __ *V-code* _____