

ACA FAMILY AUXILIARY REGISTRATION

2008 Winter Conference • Grapevine, TX

If you are paying by credit card, **fax** the completed form to **(301) 206-9789**. Payment must accompany this form. You may also mail the completed form with your check (**payable to ACA**) to: American Correctional Association, Convention Department, P.O. Box 201, Annapolis Junction, MD 20701 or register online at **www.aca.org**.

Name _____
(of Family Member Registering Under Family Auxiliary)

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: \$82 per family in advance (or \$95 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 American Express Diners Club Discover

Card Number _____ Expiration Date _____ Signature _____

(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 December 28, 2007. No refunds for Family Auxiliary Program registration will be made unless a written request is received on or before February 1, 2008. All programs are subject to change. ACA reserves the right to cancel or alter an activity in the event of extenuating circumstances.