

SAVE \$\$\$
REGISTER BEFORE
Dec. 19, 2008

ADVANCE REGISTRATION



2009 Winter Conference • Kissimmee, Florida • January 9-14, 2009

REGISTER BY DECEMBER 19, 2008

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 19, 2008. Any registrations received after December 19, 2008, will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before December 19, 2008.

| | Advance ON or BEFORE 12/19/08 | On-site AFTER 12/19/08 |
|--|-------------------------------------|--------------------------------|
| 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 2009. | \$250 <input type="checkbox"/> | \$285 <input type="checkbox"/> |
| Non-member registration rate. | \$275 <input type="checkbox"/> | \$310 <input type="checkbox"/> |
| <input type="checkbox"/> I would like take advantage of and become an ACA member for \$5 above the non-member price | \$280 <input type="checkbox"/> | \$315 <input type="checkbox"/> |
| One-Day registration rate. Check day you will be attending: <input type="checkbox"/> SAT 1/10 <input type="checkbox"/> SUN 1/11 <input type="checkbox"/> MON 1/12 <input type="checkbox"/> TUES 1/13 <input type="checkbox"/> WED 1/14 | \$150 <input type="checkbox"/> | \$180 <input type="checkbox"/> |
| Student registration rate. (Not employed in corrections. Copy of Student I.D. Card required.) | \$95 <input type="checkbox"/> | \$105 <input type="checkbox"/> |
| Continuing Education Credits | | |
| CME (ACCME Accredited-M.D.'s only) | \$30 <input type="checkbox"/> | \$30 <input type="checkbox"/> |
| CE (contact hours for nurses, other professional staff) | \$30 <input type="checkbox"/> | \$30 <input type="checkbox"/> |

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 _____

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 19, 2008. There will be \$50 cancellation fee regardless of reason
 E-mail: WC09@aca.org

Business Phone _____ FAX _____
 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 _____