

ACA FAMILY AUXILIARY REGISTRATION

2009 Winter Conference • Kissimmee, Florida

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: \$90 per family in advance (or \$105 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 December 19, 2008. No refunds for Family Auxiliary Program registration will be made unless a written request is received on or before December 19, 2008. All programs are subject to change. ACA reserves the right to cancel or alter an activity in the event of extenuating circumstances.