SAVE $$$ REGISTER BEFORE June 20, 2007

# ADVANCE REGISTRATION

ACA FOUNDED 1870

## 137th Congress of Correction • Kansas City, Missouri • Aug. 10-15, 2007

## REGISTER BY JUNE 20, 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 early bird rate cannot be accepted after June 20, 2007.** Any registrations received after **July 25, 2007,** will automatically be charged the on-site rate. **Invoiced agency purchase orders must be paid in full on or before July 31, 2007.**

| I wish to register for ACA's 137th Congress of Correction... | Early Bird ON or BEFORE 6/20/07 | Advance ON or BEFORE 7/25/07 | On -site AFTER 7/25/07 |
|---|---|---|---|
| **Member** registration rate. *(Member ID#_____exp. date_____)* ACA I.D.# must be listed. Dues must be paid through **September 1, 2007.** | $275 ❑ | $295 ❑ | $325 ❑ |
| **Non-member** registration rate. | $300 ❑ | $320 ❑ | $350 ❑ |
| ❑ *I would like take advantage of and become an ACA member for $5 above the non-member price* | $305 ❑ | $325 ❑ | $360 ❑ |
| **One-Day** registration rate. *Check day you will be attending:* ❑ SAT 8/11 ❑ SUN 8/12 ❑ MON 8/13 ❑ TUES 8/14 ❑ WED 8/15 | $175 ❑ | $200 ❑ | $225 ❑ |
| **Student** registration rate. (*Not employed in corrections. Copy of Student I.D. Card required.*) | $95 ❑ | $110 ❑ | $120 ❑ |
| **FOR HEALTH CARE PROFESSIONALS ONLY — Special Discount** | | | |
| **Healthcare Professional Interest Section (H-PIS) members** *(ACA/H-PIS I.D. # _____ exp. date _____)* | $185 ❑ | $205 ❑ | $225 ❑ |
| **Nonmembers (in health care field)** | $205 ❑ | $230 ❑ | $255 ❑ |
| ❑ *I would like to join the H-PIS and become an ACA member for $5 above the non-member price.* | $210 ❑ | $235 ❑ | $260 ❑ |
| **Continuing Education Credits** | | | |
| ***CME (ACCME Accredited-Medical Personnel except nurses)*** | $30 ❑ | $30 ❑ | $30 ❑ |
| ***CE (nurses only)*** | $30 ❑ | $30 ❑ | $30 ❑ |
| ***CEUs*** | $20 ❑ | $20 ❑ | $20 ❑ |

If you are a Certified Corrections Professionals (CCP), check here (for tracking credits) ❑

❑ *ADA Needs* _____

**PLEASE PRINT OR TYPE**

Please be sure to use ONLY the allotted number of spaces.

First name _____ M.I. _____

Last name _____

Title _____

Agency/Company _____

Address _____

City _____ State _____ Zip _____

Country (Other than U.S.) _____ E-mail Address _____

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*

**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 August 1, 2007.
E-mail: kc07@aca.org

**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* _____