

SAVE \$\$\$  
REGISTER BEFORE  
June 20, 2008

# ADVANCE REGISTRATION



138<sup>th</sup> Congress of Correction • New Orleans, Louisiana • Aug. 8-13, 2008

**REGISTER BY JUNE 20, 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 early bird rate cannot be accepted after June 20, 2008. Any registrations received after July 25, 2008, will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before July 31, 2008.

	<b>Early Bird</b> ON or BEFORE 6/20/08	<b>Advance</b> ON or BEFORE 7/25/08	<b>On-site</b> AFTER 7/25/08
I wish to register for ACA's 138 <sup>th</sup> Congress of Correction...			
<b>Member</b> registration rate. (Member ID# _____ exp. date _____) ACA I.D.# must be listed. Dues must be paid through <b>September 1, 2008</b> .	\$280 <input type="checkbox"/>	\$305 <input type="checkbox"/>	\$335 <input type="checkbox"/>
<b>Non-member</b> registration rate.	\$310 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$360 <input type="checkbox"/>
<input type="checkbox"/> I would like take advantage of and become an ACA member for \$5 above the non-member price	\$315 <input type="checkbox"/>	\$335 <input type="checkbox"/>	\$365 <input type="checkbox"/>
<b>One-Day</b> registration rate. Check day you will be attending: <input type="checkbox"/> SAT 8/9 <input type="checkbox"/> SUN 8/10 <input type="checkbox"/> MON 8/11 <input type="checkbox"/> TUES 8/12 <input type="checkbox"/> WED 8/13	\$175 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$238 <input type="checkbox"/>
<b>Student</b> registration rate. (Not employed in corrections. Copy of Student I.D. Card required.)	\$95 <input type="checkbox"/>	\$110 <input type="checkbox"/>	\$120 <input type="checkbox"/>

### FOR HEALTH CARE PROFESSIONALS

<b>Healthcare Professional Interest Section (H-PIS) members</b> (ACA/H-PIS I.D. # _____ exp. date _____)	\$280 <input type="checkbox"/>	\$305 <input type="checkbox"/>	\$335 <input type="checkbox"/>
<b>Nonmembers (in health care field)</b>	\$310 <input type="checkbox"/>	\$330 <input type="checkbox"/>	\$360 <input type="checkbox"/>
<input type="checkbox"/> I would like to join the H-PIS and become an ACA member for \$5 above the non-member price.	\$315 <input type="checkbox"/>	\$335 <input type="checkbox"/>	\$365 <input type="checkbox"/>

### Continuing Education Credits

<b>CME (ACCME Accredited-Medical Personnel except nurses)</b>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
<b>CE (nurses only)</b>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>
<b>CEUs</b>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>	\$30 <input type="checkbox"/>

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 \_\_\_\_\_

#### 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, 2008.  
E-mail: NOLA08@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

#### 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