

ACA Family Auxiliary Registration • 2007 Winter Conference • Tampa, Florida

If you are paying by credit card, you may fax this completed form to (301) 206-9789. Payment must accompany this form. You may also mail your completed form with your check (payable to ACA Family Auxiliary) 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 _____ Email _____

Auxiliary Registration: \$72 per family in advance (or \$85 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 Family Auxiliary.

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 January 9, 2007. No refunds will be made unless a written request is received on or before January 9, 2007.