SAVE $$$! REGISTER BEFORE January 9, 2007

ADVANCE REGISTRATION

ACA FOUNDED 1870

2007 Winter Conference • Tampa, Florida • January 20-24, 2007

REGISTER BY JANUARY 9, 2007

FAX IT IN! **Fax** this completed form with your **credit card** information to **(301) 206-9789**.

E-MAIL IT IN! **Log on to our website, www.aca.org to register via credit card.**

PHONE IT IN! **Call ACA's Conventions Department at (800) 222-5646, ext. 0129 to register via credit card.**

MAIL IT IN! **Simply mail the completed form with your check or credit card information to:**
AMERICAN CORRECTIONAL ASSOCIATION, CONVENTION DEPARTMENT,
P.O. BOX 201, ANNAPOLIS JUNCTION, MD 20701

Registrations at the advance rate cannot be accepted after January 9, 2007. Any registrations received after **January 9, 2007,** will automatically be charged the on-site rate. **Invoiced agency purchase orders must be paid in full on or before December 27, 2006.**

I wish to register for ACA's 2007 Winter Conference...	ON or BEFORE 1/9/07	AFTER 1/9/07
Member registration rate. ***(Member ID#_____exp. date_____)*** *ACA I.D.# must be listed. Dues must be paid through **February 1, 2007.***	**$225** ❑	**$250** ❑
Non-member registration rate.	**$255** ❑	**$285** ❑
❑ ***I would like take advantage of and become an ACA member for $5 above the non-member price***	**$260** ❑	**$290** ❑
One-Day registration rate. ***Check day you will be attending:*** ❑ **SAT 1/20** ❑ **SUN 1/21** ❑ **MON 1/22** ❑ **TUES 1/23** ❑ **WED 1/24**	**$150** ❑	**$170** ❑
Student registration rate. (***Not employed in corrections. Copy of Student I.D. Card required.***)	**$95** ❑	**$105** ❑

FOR HEALTH CARE PROFESSIONALS ONLY:

Correctional health care registration, including ACA membership and Professional Interest Section membership. All health care clinical workshops offer CME/CE credits. CEUs are also available for a $20 fee. See page 25 for more information.	**$175** ❑	**$175** ❑
CEUs ***(If you are participating in the CEU program page 25, add $20 to the advance registration fee.)***	**$20** ❑	**$20** ❑

❑ ***ADA Needs*** _____

PLEASE PRINT OR TYPE

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

First name *(as you wish it to appear on your badge)* M.I.

Last name *(as you wish it to appear on your badge)*

Title

Agency/Company *(as you wish it to appear on your badge)*

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 January 9, 2007.
E-mail: tampa07@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** (Check # _____) ***Charge to:*** ❑ ***VISA*** ❑ ***MASTERCARD*** ❑ ***AMERICAN EXPRESS*** ❑ ***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***

(Indicate the v-code number located on the back of the credit card on the signature strip)