

Schedule of Workshops & Events

2:30 p.m. - 4:00 p.m.

D-2A Legal Liability, Confidentiality and Documentation (CE)

D-2B Treating Offenders with Intellectual Disabilities

D-2C Effectively Managing Sex Offenders in the Community: The Containment Approach

D-2D Improving Reentry Outcomes by Strengthening Families: Implementing a Responsible Fatherhood and Healthy Marriage Program that Addresses Multiple Risk Factors in a Continuum of Care

D-2E Correctional Safety Officers: Traditional and Online Approaches to OSHA, Correctional Standards and Testing

D-2F Cell Phone Detection Strategies

Wednesday January 27

8:00 a.m. - 9:30 a.m.

E-1A The Sustainable Facility: Practical Applications of Sustainable Principles to New Detention and Correctional Facilities

E-1B The Serious and Violent Offender Reentry Project: New Findings

E-1C Virtual Family and Friends Visitations

10:00 a.m. - 11:30 a.m.

E-2A A Remarkable Level of Service: The Model Mental Health Program at River Valley Juvenile Detention Center

E-2B Back to Basics: The Impact of Technology on Productivity in the Workplace

E-2C Use of Force in Community Corrections

Wednesday workshops take place at the Marriott Waterside.

ACA FAMILY AUXILIARY REGISTRATION 2010 Winter Conference • Tampa, Florida

If you are paying by credit card, fax the completed form to (980) 233-3800. Payment must accompany this form. You may also mail the completed form with your check (payable to ACA) to: ACA/EPIC, 10900 Granite Street, Charlotte, NC, 28273.

Name _____
(of Family Member Registering Under Family Auxiliary, cannot be employed in corrections)

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 January 8, 2010. No refunds for Family Auxiliary Program registration will be made unless a written request is received on or before January 8, 2010. All programs are subject to change. ACA reserves the right to cancel or alter an activity in the event of extenuating circumstances.

