SAVE $$$ REGISTER BEFORE Jan. 8, 2010

ADVANCE REGISTRATION

ACA FOUNDED 1870

2010 Winter Conference • Tampa, Florida • January 22-27, 2010

REGISTER BY JANUARY 8, 2010

To register using a credit card: FAX completed form to (980) 233-3800 — PHONE (866) 692-2070/(980) 233-3822 — WEB www.aca.org
MAIL, send completed form with check or purchase order to: EPIC/ACA, 10900 Granite Street, Charlotte, NC 28273

Registrations at the advance rate cannot be accepted after January 8, 2010. Any registrations received after **January 8, 2010,** will automatically be charged the on-site rate. **Invoiced agency purchase orders must be paid in full on or before January 15, 2010.**

	Advance ON or BEFORE 01/08/10	On -site AFTER 01/08/10
I wish to register for ACA's 2010 Winter Conference.		
Member registration rate. *(Member ID#_____)* ACA I.D.# must be listed. Dues must be paid through ***February 1, 2010.***	$250 ❑	$285 ❑
Non-member registration rate.	$275 ❑	$310 ❑
❑ ***I would like take advantage of and become an ACA member for $5 above the non-member price***	$280 ❑	$315 ❑
One-Day registration rate. ***Check day you will be attending:*** ❑ SAT 1/23 ❑ SUN 1/24 ❑ MON 1/25 ❑ TUES 1/26 ❑ WED 1/27	$130 ❑	$150 ❑
Student registration rate. (***Not employed in corrections. Copy of Student I.D. Card required.***)	$95 ❑	$105 ❑

Please check the one box that most closely reflects your job title:

☐ Commissioner/Director	☐ Health Care	☐ Officer	☐ Program Admin.
☐ Purchasing	☐ Sherriff/Chief	☐ Operations	☐ Academic/Researcher
☐ Warden/Dpty./Asst.	☐ Supervisor/Manager	☐ Trainer	☐ Community Corrections
☐ Finance	☐ Transportation	☐ Human Resources	☐ Consultant
☐ Superintendent/Dpty./Asst.	☐ Food Service	☐ Architect/Design	

Continuing Education Credits

CME (ACCME Accredited-MD's only)	$30 ❑	$30 ❑
CE (contact hours for nurses, other professionals)	$30 ❑	$30 ❑
CEUs	$30 ❑	$30 ❑

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

❑ ***ADA Needs*** _____

(An ACA staff member will call to discuss accommodations.)

PLEASE PRINT OR TYPE

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

First name _____ M.I. _____ Degree _____

Last name _____

Title _____

Agency/Company _____

Address _____

City _____ State _____ Zip _____

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

Business Phone _____ FAX _____

No refunds will be given unless a written request is received on or before January 8, 2010. There will be a $50 cancellation fee regardless of reason. E-mail: WC2010@aca.org

❑ ***Check here if you make final decision on purchases*** ❑ ***Check here if you are a First-Time Attendee***

Payment

❑ **Check made payable to ACA** (*Check #_____*) ***Charge to:*** ❑ ***VISA*** ❑ ***MASTERCARD*** ❑ ***AMEX*** ❑ ***DISCOVER*** ❑ ***DINERS CLUB***

PRINT Cardmember Name _____ ***Cardmember Signature*** *(required)* _____

Account Number ***Exp. Date*** ***V-code***