



Professional Development Workshops Registration Form

Name: _____

Title: _____

Agency/Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____

ACA Member Number: _____

_____ I have included \$35.00 for membership.

Title of the Workshop (1): _____ Cost: _____

Title of the Workshop (2): _____ Cost: _____

_____ CEUs from University of Maryland \$18.00

Total Amount: \$ _____

Method of Payment

Purchase Order #: _____ (attach copy)

Enclosed Check #: _____

Charge My Credit Card (circle one):

Visa MasterCard AMEX Diners Discover

Account #: _____ Exp. Date: _____

Card Holder Signature: _____

Yes, I am interested in hosting an ACA Workshop!

Please Check with ACA before purchasing airline tickets to confirm availability of workshop(s). Please send workshop registration and payment to:

Leanne Long, Training and Leadership Specialist
American Correctional Association
206 North Washington Street Suite 200
Alexandria, Virginia 22314

Office: (703)224-0168 Toll Free: 800-222-5646-x0168 Fax: (703)224-0166

Email: leannel@aca.org

Refunds may be permitted if cancellation occurs 72 hours prior to the session. We will refund your entire payment, cancel your invoice, or if you prefer, apply your payment to a future ACA workshop. **Registration canceled less than 72 hours, are subject to a \$50.00 service charge per person.**