



## Professional Development Workshops Registration Form

This is a Word Template. Please type in the information, save for your records and email to [leannel@aca.org](mailto:leannel@aca.org)

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 \$25.00

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:

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](mailto: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. **Registrations canceled less than 72 hours, are subject to a \$50.00 service charge per person.**