

If you wish to be removed please contact conference@aca.org.

ADVANCE REGISTRATION



149th Congress of Correction • Boston • Aug. 1-6, 2019

To register using a credit card: **EMAIL:** Scan and email your form to conference@aca.org — **PHONE:** 800-222-5646, ext. 0121 — **WEB:** www.aca.org — **MAIL:** Send completed form with check or purchase order to: ACA, 206 N. Washington St., Suite 200, Alexandria, VA 22314

Registrations at the advance rate cannot be accepted after July 12, 2019. Any registrations received after July 12, 2019 will automatically be charged the on-site rate. Invoiced agency purchase orders must be paid in full on or before July 12, 2019.

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I wish to register for ACA's 149 th Congress of Correction	ADVANCE: ON or BEFORE 7-12-19	ON-SITE: AFTER 7-12-19
Member registration rate. Member ID#	□ \$275	□ \$310
ACA I.D.# must be listed. Dues must be paid through Sept. 1, 2019.		
Nonmember registration rate.	□ \$310 □ .	\$350
One-day registration rate. Check the day you will be attending: SAT 8/3 SUN 8/4 MON 8/5 TUES 8/6	<u></u> \$150	\$175
Student registration rate. (Not employed in corrections. Copy of student I.D. card required). Nonexhibitor full conference (company attending but not exhibiting).	\$75	□ \$105
	□ \$650	☐ \$700
Nonexhibitor one day (company attending but not exhibiting): SAT 8/3 SUN 8/4 MON 8/5 TUES 8/6	\$400	\$450
Please check the one box that most closely reflects your job title. Commissioner/Director Health Care Officer Purchasing Sheriff/Chief Operations Warden/Dpty./Asst. Supervisor/Manager Trainer Finance Transportation Human Resources Superintendent/Dpty./Asst. Food Service Architect/Design	Program Admin Academic/Rese Community Cor Consultant Chaplain	archer
If you have any questions or need additional assistance please contact Elyse at elyses@aca.org. Continuing Education Credits		450
□ CMEs (Physicians/Mid-levels) \$99 □ CEUs (Other professionals) \$30 □ CE (Der □ CE (Nurses) \$30 □ CE (Psychologists) \$30	tists)	\$79
♣ □ ADA Needs	ill call to discuss a	ccommodations)
PLEASE PRINT OR TYPE		
First Name MI Degree		
Last Name		
Title	T	l I
Agency/Company		I be a \$50 ation fee
Address	regardless of reason.	
	-	
City	No refunds will be given unless a written request is received on or before	
State ZIP code		
Country (Other than U.S.)	July 1	2, 2019.
Email Address		ence@aca.org
Business Phone Fax		
\Box Check here if you make final decisions on purchases. \Box 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)		