

# ACA Congress Host Committee and Block Registration Form

## ADVANCE REGISTRATION



146<sup>th</sup> Congress of Correction • Boston, MA • August 5-10, 2016

Please return to ACA: **FAX 703-224-0040** — **EMAIL COC2016@aca.org**

**Member ID#** \_\_\_\_\_

ACA I.D. # must be listed only if you are a member (not required).

Dues must be paid through **September 1, 2016**.

**\$165**

\_\_\_\_\_ **Individual Full Conference**

Please select one of the following:

The Host Committee special rate for an Individual to attend the full conference.

(all 5 days)

Block registration (up to 5 people each) for five different individuals to attend one day each. Please fill out a form for each individual and select a date below for which day he/she will attend.

**\$175**

\_\_\_\_\_ **Block Registration**

**(up to 5 people, limited to one each day)**

Dates	Saturday, August 6	Sunday August 7	Monday, August 8	Tuesday August 9	Wednesday, August 10
Select (x) which day you will be attending					

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

- |                                                     |                                             |                                           |                                                |
|-----------------------------------------------------|---------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Commissioner/Director      | <input type="checkbox"/> Health Care        | <input type="checkbox"/> Officer          | <input type="checkbox"/> Program Admin.        |
| <input type="checkbox"/> Purchasing                 | <input type="checkbox"/> Sheriff/Chief      | <input type="checkbox"/> Operations       | <input type="checkbox"/> Academic/Researcher   |
| <input type="checkbox"/> Warden/Dpty./Asst.         | <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Trainer          | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Finance                    | <input type="checkbox"/> Transportation     | <input type="checkbox"/> Human Resources  | <input type="checkbox"/> Consultant            |
| <input type="checkbox"/> Superintendent/Dpty./Asst. | <input type="checkbox"/> Food Service       | <input type="checkbox"/> Architect/Design | <input type="checkbox"/> Chaplain              |

If you have any questions or need additional assistance please contact Elyse at 703-224-0015

### Continuing Education Credits

**CME (ACCME Accredited-MD's only)**

**\$30** ☐

**\$30** ☐

**CE (contact hours for nurses, other professionals)**

**\$30** ☐

**\$30** ☐

**CEUs**

**\$30** ☐

**\$30** ☐



☐ **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 code \_\_\_\_\_

Country (Other than U.S.) \_\_\_\_\_ Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ FAX \_\_\_\_\_

☐ **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:

**Account Number**

**Exp. Date**

**V-code**

☐ Please check this box if you wish to opt out from conference mailings/emails.

\*Please note that if this box is not checked you will automatically be added to the conference list. If you wish to be removed please contact: COC2016@aca.org

**There will be a \$50 cancellation fee regardless of reason.**

No refunds will be given unless a written request is received on or before July 15, 2016.  
Email: COC2016@aca.org