SAVE $$$ REGISTER BEFORE July 15, 2016

ADVANCE REGISTRATION

ACA FOUNDED 1870

146th Congress of Correction • Boston, MA • August 5-10, 2016

REGISTER BY JULY 15, 2016

To register using a credit card: — EMAIL Scan and email your form to COC2016@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 FAX completed form to (703) 224-0040

Registrations at the advance rate cannot be accepted after July 15, 2016. Any registrations received after **July 15, 2016** will automatically be charged the on-site rate. **Invoiced agency purchase orders must be paid in full on or before July 18, 2016.**

I wish to register for ACA's 146th Congress of Correction.	**Advance** ON or BEFORE 07/15/16	**On-site** AFTER 07/15/16
Member registration rate. *(Member ID#_____)*	**$275** ❑	**$310** ❑
ACA I.D.# must be listed. Dues must be paid through ***September 1, 2016.***		
Nonmember registration rate.	**$305** ❑	**$345** ❑
One-Day registration rate. ***Check day you will be attending:***	**$145** ❑	**$170** ❑
❑ SAT 8/6 ❑ SUN 8/7 ❑ MON 8/8 ❑ TUES 8/9 ❑ WED 8/10		
Student registration rate. (***Not employed in corrections. Copy of student I.D. card required.***)	**$75** ❑	**$105** ❑
Nonexhibitor full conference (company attending but not exhibiting)	**$650** ❑	**$700** ❑
Nonexhibitor one day (company attending but not exhibiting)	**$400** ❑	**$450** ❑
❑ SAT 8/6 ❑ SUN 8/7 ❑ MON 8/8 ❑ TUES 8/9 ❑ WED 8/10		

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

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

Continuing Education Credits

CME (ACCME Accredited-MDs only)	**$30** ❑
CE (contact hours for nurses, other professionals)	**$30** ❑
CEUs	**$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 _____

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

❑ ***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***

❑ 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