



REGISTRATION FORM

APPA 40TH ANNUAL TRAINING INSTITUTE • JULY 12-15, 2015 • LOS ANGELES, CA
Please use a photocopy of this form for each registrant. Please print clearly.

First Name: _____ Last Name: _____
Title: _____ Email: _____
Address: _____
(location where confirmation should be sent)
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Agency/Organization: _____
 Check if same address as above
Agency/Organization Address: _____
Agency/Organization City: _____ State: _____ Zip: _____
Agency/Organization Phone: _____ Fax: _____
Agency/Organization Email: _____

APPA MEMBERSHIP \$50 \$50 \$ _____
One year of individual membership. New Member Renewal 301-085-10-11180-40010

REGISTRATION <small>Includes general sessions, exhibit receptions and workshops. (All fees are per person.)</small>	On or Before June 11	After June 11	
	MEMBER OF APPA	\$340	\$400
NON-MEMBER	\$400	\$460	\$ _____

If you are not a member of APPA, you are required to pay the regular registration fee. Memberships will be verified.

SINGLE DAY REGISTRATION \$225 N/A \$ _____
Registration ends June 11. Single day registration includes all sessions, workshops, and exhibit hall entrance for the entire day.
Specify Day: Monday, July 13 Tuesday, July 14

APPA ACCREDITED CONTACT HOURS \$10 \$10 \$ _____

INTENSIVE SESSIONS \$35 \$35 \$ _____
Available only to registrants of Institute. Attendance at intensive sessions only is not permitted.
Specify Intensive Session Title _____

FAMILY REGISTRATION \$100 \$100 \$ _____
This rate is available to immediate family members not employed in the corrections field. Allows entry into general sessions, exhibit receptions and workshops.
Specify Family member's name _____

ADDITIONAL APPA LUNCHEON TICKET (JULY 14) \$60 \$60 \$ _____
One (1) Luncheon Ticket is included in full institute registration.

GRAND TOTAL \$ _____
300-085-11-11958-43000

PAYMENT

Check Enclosed Government Purchase Order Enclosed; PO # _____
Charge to: VISA MasterCard American Express
Cardholder's Name _____
Card Number: _____
V code: _____ Expiration Date: _____
Signature: _____ Date: _____

SPECIAL ASSISTANCE

Please list any special needs that you might require under the American Disabilities Act. Attach a written description of needs.

CONFIRMATION/REFUND POLICY

A full refund, less a \$50 processing fee, is available until **June 11, 2015**. No refunds are available after **June 11, 2015**. In order to receive a refund, written requests must be sent to the APPA Institute, c/o The Council of State Governments, P.O. Box 11910, Lexington, KY 40578-1910 or faxed to (859) 244-8001. All requests for refunds must be postmarked or faxed by **June 11, 2015**.

MAIL THIS FORM TO:

APPA Institute
c/o The Council of State Governments
P.O. Box 11910, Lexington, KY 40578

or Fax to:
(859) 244-8001

or register online at www.appa-net.org

To better plan Institute workshops and activities, please supply us with the following information.

Length of Experience in Corrections
 Less than 2 years 16-20 years
 2-5 years 21-25 years
 6-10 years More than 26 years
 11-15 years

Gender
 Male Female

Race/Ethnicity
 African American Native American
 Caucasian Asian
 Hispanic Other

Highest Level of Education
 Graduate Equivalency Diploma(GED)
 High School Diploma
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate

Geographical Area
 Urban (pop. over 50,000)
 Rural (pop. under 50,000)

Job Jurisdiction
 Federal
 State
 County
 City
 Private firm/business
 Academic Institution
 Province
 Nonprofit organization
 Other _____

Primary Work Area
 Juvenile Probation & Parole
 Adult Probation & Parole
 Adult Probation
 Adult Parole
 Juvenile Probation
 Juvenile Parole/Aftercare
 Residential
 Non - Residential
 Treatment Provider
 Academia
 Other _____

Professional Category
 Line Personnel Attorney
 Commissioner/ Educator/
Director/Chief Researcher
 Administrator Private Sector/
Corporate
 Consultant Retired
 Trainer Student
 Parole Board Member
 Judge Other

APPA Federal ID # 56-1150454