



Registration Form

APPA 2010 Winter Training Institute • January 31-February 3 • Austin, TX
Please use a photocopy of this form for each registrant. Please print clearly.

First Name: _____ Last Name: _____

Title: _____ Email: _____

Address: _____

(location where con rmination 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 300-085-10-11183-40010

Includes general sessions, exhibit receptions and workshops. (All fees are per person.)

On or Before
Dec. 31

After
Dec. 31

Member of APPA \$325 \$385 \$ _____

To qualify for this rate you must be a member of one of the following (please mark those that you hold current membership in)

- APPA Member - Please indicate your membership category and your membership number.
- Individual member Agency member

Membership # Expiration Date -

Non-Member \$385 \$445 \$ _____

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

APPA Accredited Contact Hours \$10 \$10 \$ _____

Family Registration \$75 \$75 \$ _____

is rate is available to immediate family members not employed in the corrections eld. Allows entry into general sessions, exhibit receptions and workshops.

Specify Family member's name _____

Grand Total Enclosed \$ _____

300-085-11-11219-43000

Payment

Check Enclosed Government Purchase Order Enclosed; PO # _____

Charge to: VISA MasterCard American Express

Card Number: _____

V code: _____ Expiration Date: _____

(Visa or Mastercard: 3 digit code located in the signature line on the back of the card immediately following credit card number. American Express: 4 digit code located on ont of card.)

Signature: _____ Date: _____

Special Assistance

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

Con rmination/Refund Policy

A full refund, less a \$50 processing fee, is available until December 31, 2009. **No refunds are available a er December 31, 2009.** In order to receive a refund, written requests must be sent to the APPA Institute, c/o e 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 December 31, 2009.

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 rm/business
- Academic Institution
- Province
- Nonpro t organization
- Other _____

Primary Work Area

- Juvenile Probation & Parole
- Adult Probation & Parole
- Adult Probation
- Adult Parole
- Juvenile Probation
- Juvenile Parole/A ercare
- Residential
- Non - Residential
- Treatment Provider
- Academia
- Other _____

Professional Category

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

APPA Federal ID # 56-1150454