



# REGISTRATION FORM

APPA 2018 WINTER TRAINING INSTITUTE • JANUARY 21-24, 2018 • HOUSTON, TX

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: \_\_\_\_\_

<b>APPA MEMBERSHIP</b>	<b>1 year</b>	<b>3 year</b>	
	<b>\$50</b>	<b>\$135</b>	<b>\$</b> _____
One year of individual membership.	<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal	301-085-10-11180-40010

<b>REGISTRATION</b> <i>Includes general sessions, exhibit receptions and workshops. (All fees are per person.)</i>			
	On or Before 12/18	After 12/18	
<b>Member of APPA</b>	<b>\$355</b>	<b>\$415</b>	<b>\$</b> _____
<b>Non-Member</b>	<b>\$415</b>	<b>\$475</b>	<b>\$</b> _____
<b>Student</b>	<b>\$200</b>	<b>\$200</b>	<b>\$</b> _____

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

<b>SINGLE DAY REGISTRATION</b>	<b>\$175</b>	<b>\$175</b>	<b>\$</b> _____
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Single Day registration includes all sessions, workshops, and exhibit hall entrance for entire day.  
Single day rate is good for **ONLY ONE** of the days listed.  
Specify Day:  Monday, January 22  Tuesday, January 23

<b>INTENSIVE SESSIONS</b>	<b>\$50</b>	<b>\$50</b>	<b>\$</b> _____
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Available only to registrants of Institute. Attendance at intensive sessions only is not permitted.  
Specify Intensive Session Title \_\_\_\_\_

<b>GUEST REGISTRATION</b>	<b>\$200</b>	<b>\$200</b>	<b>\$</b> _____
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This rate is available to immediate family members not employed in the corrections field.  
Allows entry into general sessions, breaks, exhibit receptions, and workshops.  
Guest's name \_\_\_\_\_  
Organization \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

<b>GRAND TOTAL</b>	<b>\$</b> _____
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300-085-11-12217-43000

## 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 dietary restrictions or 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 December 31, 2017. No refunds are available after December 31, 2017. In order to receive a refund, written requests must be sent to the APPA Institute, c/o The Council of State Governments, 1776 Avenue of the States, Lexington, KY 40511 or faxed to 859.244.8001. All requests for refunds must be postmarked or faxed by December 31, 2017.

## REGISTER ONLINE

www.appa-net.org

## MAIL

APPA Institute  
c/o The Council of State Governments  
1776 Avenue of the States, Lexington, KY 40511

## PHONE

859.244.8204

## FAX

859.244.8001

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/ Alaska Native
- 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

- Judicial
- Federal
- State
- County
- City
- Private firm/business
- Academic Institution
- Province
- Nonprofit organization
- Tribal/Alaskan Village
- 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
- Tribal Issues
- Other \_\_\_\_\_

### PROFESSIONAL CATEGORY

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

APPA FEDERAL ID # 56-1150454