



Registration Form

APPA 2009 Winter Training Institute • February 8-11, 2009 • Myrtle Beach, SC
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: _____

Registration Fees

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

	Rate	Amount
APPA Membership	\$50	\$ _____
One year of individual membership.	<input type="checkbox"/> New Member <input type="checkbox"/> Renewal	61-16-00-1000-4020
Member of APPA	\$325	\$ _____
To qualify for this rate you must be a member of one of the following (please mark those that you hold current membership in)		
<input type="checkbox"/> APPA Member - Please indicate your membership category and your membership number.		
<input type="checkbox"/> Individual member <input type="checkbox"/> Agency member		
Membership #	_____	Expiration Date _____
Non-member	\$385	\$ _____
If you are not a member of APPA, you are required to pay the regular registration fee. Memberships will be verified.		
New! Student Registration – Attend 2/10	\$49	\$ _____
Student registration includes all workshops and exhibit hall entrance for Tuesday, February 10. Student registration is available to full-time students not employed in the corrections field. Copy of student ID required with registration form. Student registration ends January 9.		
APPA Accredited Contact Hours	\$10	\$ _____
Family Registration	\$75	\$ _____
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 _____		
Grand Total Enclosed		\$ _____
		61-16-00-2075-4401

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 front 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.

Confirmation/Refund Policy

A full refund, less a \$50 processing fee, is available until January 9, 2009. No refunds are available after January 9. 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 January 9.

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
 Trainer Retired
 Parole Board Student
Member Other
 Judge

APPA Federal ID # 56-1150454