



REGISTRATION FORM

45th Annual Training Institute • August 23-26, 2020 • New York, NY

Please use a separate form for each registrant. **Please print clearly.**

First Name: _____ Last Name: _____

Title: _____ Email: _____

Address: _____

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: _____

REGISTER ONLINE

www.appa-net.org

MAIL

American Probation and Parole Association
c/o The Council of State Governments
1776 Avenue of the States, Lexington, KY 40511

PHONE

859.244.8204

FAX

859.244.8001

CONFIRMATION/REFUND POLICY

A full refund, less a \$50 processing fee, is available until July 8, 2020. **No refunds are available after July 8, 2020.** In order to receive a refund, written requests must be sent to the APPA, c/o The Council of State Governments, 1776 Avenue of the States, Lexington, KY 40511 or emailed to kmills@csg.org. **All requests for refunds must be postmarked or emailed by July 8, 2020.**

APPA FEDERAL ID # 56-1150454

APPA MEMBERSHIP One year of individual membership **1 year — \$50** **3 year — \$135** New Member Renewal _____

TRAINING INSTITUTE REGISTRATION ONLY - Includes general sessions, workshops, and exhibit hall. All fees are per person.

| | INDIVIDUAL | | AGENCY | | STUDENT |
|----------------------------|----------------------|---------------|----------------------|---------------|--------------------|
| | On or before 7/10/20 | After 7/10/20 | On or before 7/10/20 | After 7/10/20 | |
| Member of APPA | \$400 | \$460 | \$405 | \$465 | \$195 _____ |
| Non-Member | \$460 | \$520 | | | \$195 _____ |
| Local Host (New York only) | \$360 | | | | _____ |

INTENSIVE SESSIONS Sunday, August 23 only. Training Institute registration required. All fees are per session. **\$65** _____

Specify Title(s): _____

GUEST REGISTRATION This rate is available to immediate family members not employed in the corrections field. **\$275** _____

Allows entry into general sessions, workshops, and exhibit hall. All fees are per person.

Guest(s) name: _____

Address _____ City _____ State _____

SINGLE DAY REGISTRATION

Single Day registration includes all related activities for entire day. All fees are per person.

Specify Day: Monday, August 24 Tuesday, August 25 **\$249** _____

Wednesday, August 26 **\$199** _____

GRAND TOTAL \$ _____

PAYMENT

Check Enclosed Government Purchase Order Enclosed; PO # _____

For credit card payments, please call Kimberly Mills at 859.244.8204.

SPECIAL ASSISTANCE

Please list any dietary restrictions or special needs that you might require under the American Disabilities Act. Please attach a written description of needs.