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: __________________________________________________________________

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.

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>AGENCY</th>
<th>STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of APPA</td>
<td>$400</td>
<td>$460</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$460</td>
<td>$520</td>
</tr>
<tr>
<td>Local Host (New York only)</td>
<td>$360</td>
<td>$195</td>
</tr>
</tbody>
</table>

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.