50th Annual Training Institute REGISTRATION FORM

☐ Individual - \$50





Want to attend at a discounted rate?

Purchase an individual or student membership with your registration and take advantage of the reduced member registration rate!*

Add your selected membership cost to the "Grand Total" at the bottom. *Membership rates pay for 1-year of APPA membership.

☐ Student - \$25

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Training Institute Registration Rates						
	In-Person Registration Rates		Virtual Registration Rates			
REGISTRATION TYPE	Through Jun 24	After Jun 24	Through Jun 24	After Jun 24		
Student Member	\$195	□ \$225	□ \$50	□ \$55		
Individual Member	□ \$610	□ \$660	\$100	\$150		
Non-Member	□ \$670	□ \$720	\$100	\$150		
Agency Member	□ \$625	□ \$675	N.	N/A		
Guest Pass*	□ \$400 x	(# of guests)	*Virtual Registrat	ion not Available		
	*This rate is available to immediate family members not employed in the corrections field.					
Local Host*	\$450		*Virtual Registrat	ion not Available		
Faculty One Day*	\$265 *Full registration same as individual pricing		*Virtual Registration not Available			
Single Day*	□ \$325 Monday □ \$325 Tuesday □ \$245 Wednesday		*Virtual Registration not Available			
Intensive Sessions*	☐ \$50 Sunday 8am-12pm		*Virtual Registration not Available			
Women's Symposium*	FREE Monday 8am-4:30pm		*Virtual Registration not Available			
Circle Line Boat Cruise*	☐ FREE Monday 6pm-11pm		*Virtual Registration not Available			
1	Virtual Registra	tion Rates for	Agency Group	S		
# of Staff	Through Jun 24		After Jun 24			
25	□ \$1,500		\$1,625			
65	\$3,575		□ \$3,860			
125	□ \$6,250		□ \$6,750			
200	\$9,000		□ \$9,720			

To designate which staff are to attend, please fill out: https://form.jotform.com/appaforms/2025-NYC-Agency-Group

REGISTRATION INTO PLEASE PRINT CLEARLY	Agency / Organization Name:
First Name:	
Last Name:	Check if same address
Title:	Agency / Organization Address:
Address:	City: State: Zip:
City: State: Zip:	Country:
Country:	Phone :
Phone:	Email *:
Email:	*The above email address is what the registrant will use to log-in.
GRAND TOTAL	\$
	Account Code: New York, 13061-43000
PAYMENT Make checks payable to American Probation and Par Note: unless an agency invoice, payment in full must be made to g	
Check Enclosed Government Purchase Order	Enclosed PO#:

In-Person Refund Policy

A full refund, less a \$50 processing fee, is available until Jul 18, 2025. No refunds are available after Jul 18, 2025. In order to receive a refund, written requests must be sent to the APPA Training Institute, c/o The Council of State Governments, 1776 Avenue of the States, Lexington, KY 40511 or emailed to kimberly.mills@csg.org. All requests for the refunds must be postmarked or emailed by Jul 18, 2025.

Virtual Refund Policy

Due to the cost of the virtual training institute platform, no refunds will be issued.

Send Your Registration Form and Payment via Mail

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