

SPECIAL ASSISTANCE

REGISTRATION FORM

REGISTER ONLINE www.appa-net.org

MAIL

Please use a seperate form for each registrant. Please print clearly.

First Name:	st Name:Last Name:				American Probation and Parole Association c/o The Council of State Governments	
Title:	Email:				e of the States, Lexington,	
Address:						
City:	State:		Zip:	859.244.82	04	
Phone:	Fax:			FAX 859.244.80	01	
Agangy/Organization					OT ATION/REFUND POL	ICY
Agency/Organization: Check if same address as above				A full refund,	less a \$50 processing fee, is	s available
				115 20	15, 2019. <i>No refunds are ava</i> 1 19 . In order to receive a refur	
Agency/Organization Address: Agency/Organization City:				requests must	be sent to the APPA, c/o Thernments, 1776 Avenue of t	
Agency/Organization Phone:				Lexington, KY	40511 or emailed to kmills	@csg.org.
Agency/Organization Email:				1. 1	r refunds must be postmarked 2019.	or emailed
Agency/Organization Email.					FEDERAL ID # 56-11504	54
APPA MEMBERSHIP One year of	f individual membersh	ip <i>1 year — \$50</i>	0 <i>3 year — \$135</i> □	New Member	☐ Renewal	
,						
INSTITUTE REGISTRATION OF	NLY - MARCH 10-13, 2	019 Includes gene	ral sessions, exhibit hall ar	nd workshops. All fee	s are per person.	
	INDIVID	UAL	AGEN	CY	STUDENT	
ı	On or before 2/13/19	After 2/13/19	On or before 2/13/19	After 2/13/19		
Member of APPA	\$365	\$425	\$370	\$430	\$149	
Non-Member	\$425	\$485			\$184	
Local Host (Miami and Ft Lauderdale only)	\$325			'		
INTENSIVE SESSIONS Sunday,	March 10 only. Training	ς Institute registrati	on required. All fees are	per session.	\$50	
Specify Title(s):						
GUEST REGISTRATION This rate Allows entry into general session, exhibit h Guest(s) name: Address	hall, and workshops. All f	fees are per perso	n.		\$230	
, ladiess					State	
EXECUTIVE SUMMIT ATTEND	EE ONLY - MARCH 7	-8, 2019 For Exec	utives Only. All fees are	e per person.	\$599	
INSTITUTE/EXECUTIVE SUMN	MIT COMBO REGIS	TRATION - MA	RCH 7-13, 2019			
Executive Summit, reception and main ins				person.		
	INDIVID	UAL	AGEN	CY		
	On or before 2/13/19	After 2/13/19	On or before 2/13/19	After 2/13/19		
Member of APPA	\$944	\$1004	\$949	\$1009		
Non-Member	\$1004	\$1064	\$1009	\$1069		
Local Host (Miami and Ft Lauderdale only)	\$904		\$904			
SINGLE DAY INSTITUTE REGIS	STRATION					
Single Day registration includes all session		t hall entrance for e	entire day. All fees are pe	er person.		
Specify Day: Monday, March 11				•	\$230	
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GRAND TOTAL				\$		
PAYMENT						
	B 1 5	1.50				
☐ Check Enclosed ☐ Government For credit card payments, please call F						

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