



# REGISTRATION FORM

2020 Winter Training Institute • January 5-8, 2020 • New Orleans, LA

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](http://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 November 15, 2019. **No refunds are available after November 15, 2019.** 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 [k Mills@csg.org](mailto:k Mills@csg.org). **All requests for refunds must be postmarked or emailed by November 15, 2019.**

APPA FEDERAL ID # 56-1150454

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

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

	INDIVIDUAL		AGENCY		STUDENT
	On or before 12/4/19	After 12/4/19	On or before 12/4/19	After 12/4/19	
Member of APPA	<b>\$385</b>	<b>\$445</b>	<b>\$390</b>	<b>\$450</b>	<b>\$195</b> _____
Non-Member	<b>\$445</b>	<b>\$505</b>			<b>\$220</b> _____
Local Host (New Orleans only)	<b>\$345</b>				_____

**INTENSIVE SESSIONS** Sunday, January 5 only. Training Institute registration required. All fees are per session. **\$50** \_\_\_\_\_

Specify Title(s): \_\_\_\_\_

**GUEST REGISTRATION** This rate is available to immediate family members not employed in the corrections field. **\$249** \_\_\_\_\_

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

Guest(s) name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### SINGLE DAY INSTITUTE REGISTRATION

Single Day registration includes all sessions, workshops, and exhibit hall entrance for entire day. All fees are per person.

Specify Day: ☐ Monday, January 6 ☐ Tuesday, January 7 **\$249** \_\_\_\_\_

**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.