

Symposium Registration Form

Each attendee must fill out a registration form

Name: _____
Title: _____
Agency: _____
Mailing Address: _____

Phone: _____ Email: _____

Registration fee includes: Program, Networking social, ACE Membership breakfast, Continental breakfast, Luncheons and One year of membership in ACE.

Please check all that apply and send to the address listed below:

Pre-Conference Dr. Bird Workshop May 19	_____	at \$75	TOTAL:
Full registration	_____	at \$275	TOTAL:
Full registration plus Dr. Birchak's pre-conference workshop	_____	at \$350	TOTAL:
One day registration _____ May 20 th _____ May 21 st	_____	at \$150	TOTAL:
Guest meal registration _____ May 20 th _____ May 21 st	_____	at \$35	TOTAL:
Registration <i>after</i> APRIL 30, 2010: \$325	_____	at \$325	TOTAL:

GRAND TOTAL _____

Method of Payment

Checks must be made out to Arizona Correctional Educators, Inc.

1) Check #: _____ Total Amount: \$ _____

2) Purchase Order/Voucher #: _____ Agency: _____

Contact: _____ Phone: _____ Email: _____

3) Credit Card - Visa MasterCard

Name on Card: _____

Card #: _____ Expiration Date: _____ Total Amount: \$ _____

No Refunds after May 5, 2010
All refund requests must be in writing

You may register online
<http://azcorrectionaleducators.com> OR
submit form to:

Gayle Siegel, Symposium Coordinator
6501 N. Silversmith Place
Tucson, AZ 85750
Fax (520) 615-6188
gaylesiegel@msn.com

