



2008 CONFERENCE & EXHIBITION



Moody Gardens Hotel - Galveston, Texas June 8-11, 2008

Attendee Registration Form (please type or print)

First Name _____ Last Name _____ Nick Name _____

Agency/Dept. _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Fax () _____ E-mail _____

Corrections Field:

- Probation (Adult Juvenile) Parole Institutional Law Enforcement
 Private Sector Supplier/Vendor _____

YOUR FULL REGISTRATION INCLUDES:

All Seminars and Exhibition Hours, the Sunday Awards Reception, Exhibit Coffees, the Wednesday Past President's Breakfast, Breaks, and Conference Materials.

FULL REGISTRATION

Postmarked by May 23, 2008

Postmarked after May 23, 2008

- | | | |
|------------|--------------------------------|--------------------------------|
| TCA Member | <input type="checkbox"/> \$195 | <input type="checkbox"/> \$215 |
| Nonmember* | <input type="checkbox"/> \$235 | <input type="checkbox"/> \$255 |

* If you are not a member of TCA, the nonmember fee includes TCA membership for one year.

DAILY REGISTRATION (includes all scheduled events for day(s) selected)

- | | | |
|--------------------|-------------------------------|-------------------------------|
| Sunday, June 8 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Monday, June 9 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Tuesday, June 10 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Wednesday, June 11 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |

TOTAL AMOUNT DUE \$ _____

Payment

Enclosed Check # _____ Amount \$ _____

PO # _____ Amount \$ _____

PO Contact Name: _____

City _____ State _____ ZIP _____

PO Phone () _____ PO Fax () _____ PO Email _____

A separate registration form must be submitted for each registrant. You may photocopy this form. Complete all information blanks and return with check or purchase order made payable to:

Texas Corrections Association

4600 Spicewood Springs Road, Suite 103
Austin, Texas 78759
Phone: (512) 346-5820, Fax: (512) 343-1530,
www.txcorrections.org

- (SA) I need special assistance.
 (DA) I have special dietary needs.



Please specify _____

Moody Gardens Hotel Reservation 888-388-8484

\$85 State Rate w/ proper identification June 8-11
Regular Rate June 8-11 - \$149 Weekend Rate June 6-7 - \$179