



2010 CONFERENCE & EXHIBIT



Moody Gardens Hotel – Galveston, Texas June 6-9, 2010

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)
 Residential Services
 Institutional
 Law Enforcement
 Parole
 Mental Health
 Private Sector
 Supplier/Vendor

FULL REGISTRATION Postmarked by May 21, 2010

Postmarked after May 21, 2010

- | | | |
|------------|--------------------------------|--------------------------------|
| 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.

YOUR FULL REGISTRATION INCLUDES:

All Seminars & Exhibition Hours, Awards Reception, Exhibit Coffees, Past President's Breakfast, Breaks, & Conference Materials.

OR

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

- | | | |
|-------------------|-------------------------------|-------------------------------|
| Sunday, June 6 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Monday, June 7 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Tuesday, June 8 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |
| Wednesday, June 9 | <input type="checkbox"/> \$65 | <input type="checkbox"/> \$75 |

Due to guarantees and contractual arrangements, no refund request will be honored after May 21, 2010. Requests before that date must be made in written form directly to the TCA Headquarters. **No refunds will be made on site at the conference.**

TOTAL DUE \$ _____

Payment

Enclosed Check # _____ Amount \$ _____

PO # _____ Amount \$ _____

PO Contact Name: _____

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:

(SA) I need special assistance. (DA) I have special dietary needs. Please specify _____

Texas Corrections Association

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

Group Rate Deadline: Friday, May 14, 2010
MoodyGardens Hotel Reservation 888-388-8484

\$128.00	Single State Rate w/ Proper ID	June 6-9
\$152.00	Single/Double/Triple/Quad Rate	June 6-9
\$185.00	Weekend S/D/T/Q Rate	June 4-5