



# 2010 CONFERENCE & EXHIBITION



## 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: Thursday, 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