

MACPO AND MCA 5th ANNUAL JOINT WINTER CONFERENCE

REGISTRATION FORM RETURN BY JANUARY 9, 2008		
NAME:	TITLE:	
AGENCY:	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	FAX:	

REGISTRATION FEE: (includes continental breakfast(s), lunch and breaks)

- \$75 Two Day Fee
- \$50 One Day Fee
- \$50 Student Fee

\$_____ Total Fee (no refunds after January 9, 2008.
A \$10 late fee will be charged after this date.)

Payment Options:

- County Voucher (Enclosed)
- Check (Make checks to MCA)
- VISA/Mastercard/Discover

Acct. # _____

Exp. Date _____

Name on Card _____

Signature _____

Please send check or voucher payable to
MCA, by January 9, 2008 to:

Alison Schaub
Minnesota Corrections Association
1300 University Ave W #126
St. Paul, MN 55104

phone (612) 220-9049
fax (651) 204-2125