

Conference Registration Form

May 20-24, 2023
OMAHA, NEBRASKA

Complete the form and return with payment or PO. Payment is required prior to the start of the conference for admission. To register online and receive immediate confirmation, go to www.aja.org.

Attendee First Name _____ Attendee Last Name _____
 Preferred First Name on Badge _____ Title/Rank _____
 Agency/Company _____ Rated Capacity of Facility _____
 Address _____
 City _____ State _____ ZIP _____ Country _____
 Attendee Phone _____ Attendee Cell Phone _____
 Attendee Email _____ Year Entered Corrections _____

Payment

AJA MEMBERSHIP AJA members receive reduced rates on conference registration.
 Save \$70 by becoming a member when registering for the conference.
 Join \$60 Renew \$60 \$ _____

Registration Type

	Early Bird (1/17-1/19)	Advance (1/20-4/5)	Regular (4/6-5/6 & Onsite)	Subtotal
Member*	<input type="checkbox"/> \$360	<input type="checkbox"/> \$385	<input type="checkbox"/> \$430	
Nonmember*	<input type="checkbox"/> \$490	<input type="checkbox"/> \$515	<input type="checkbox"/> \$560	
One-Day Registration <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$180	<input type="checkbox"/> \$205	<input type="checkbox"/> \$230	

Other Registrations

Guest*	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	Call AJA to register.
Student*	<input type="checkbox"/> \$85	<input type="checkbox"/> \$90	<input type="checkbox"/> \$95	

* Includes Tuesday AJA Awards Banquet ticket.

I will attend the Tuesday AJA Awards Banquet. Yes No

Additional Tickets

Luncheon Ticket	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40	<input type="checkbox"/> \$45	Call AJA to purchase additional tickets.
Awards Banquet Ticket	<input type="checkbox"/> \$75	<input type="checkbox"/> \$80	<input type="checkbox"/> \$85	

Non-Exhibiting Company

Works for a company that provides products and services to the corrections industry.

Member	<input type="checkbox"/> \$665	<input type="checkbox"/> \$690	<input type="checkbox"/> \$715	
Nonmember	<input type="checkbox"/> \$715	<input type="checkbox"/> \$740	<input type="checkbox"/> \$765	
One-Day Pass - Member <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$440	<input type="checkbox"/> \$460	<input type="checkbox"/> \$475	
One-Day Pass - Nonmember <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	<input type="checkbox"/> \$470	<input type="checkbox"/> \$495	<input type="checkbox"/> \$520	
			TOTAL	\$

American Express Discover MasterCard Visa Check PO #

Card # _____ Exp. Date _____ CV # _____

Cardholder Name: _____

Cardholder Signature: _____

Billing Address (if different): _____

Billing E-mail (if different): _____



**Return this form with
check payment to:**
American Jail Association
 PO Box 65048
 Baltimore, MD 21264-5048

**Return this form with credit
card payment or PO to:**
 Michele Florian
 Email: michelef@aja.org
 Fax: 301-790-2941

**Register online
at www.aja.org**