

Conference Registration Form

MAY 21-25, 2022
LONG BEACH
CALIFORNIA

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

Check this box if you do not want to receive exhibitor mailings or emails.

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 (11/17-1/19)	Advance (1/20-4/5)	Regular (4/6-5/6 & Onsite)	Subtotal
Member* <input type="checkbox"/>	\$345	\$370	\$415	
Nonmember* <input type="checkbox"/>	\$475	\$500	\$545	
One-Day Registration <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	\$175	\$200	\$225	

Other Registrations

Guest* <input type="checkbox"/>	\$150	\$150	\$150	Call AJA to register.
Student* <input type="checkbox"/>	\$85	\$90	\$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	\$40	\$45	Call AJA to purchase additional tickets.
Awards Banquet Ticket <input type="checkbox"/>	\$75	\$80	\$85	

Non-Exhibiting Company

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

Member <input type="checkbox"/>	\$650	\$675	\$700	
Nonmember <input type="checkbox"/>	\$700	\$725	\$750	
One-Day Pass - Member <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	\$435	\$455	\$470	
One-Day Pass - Nonmember <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed	\$465	\$490	\$515	

American Express Discover MasterCard Visa Check PO #

TOTAL \$ _____

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