



# CALIFORNIA JAIL COMMAND ACADEMY REGISTRATION FORM CLASS 6

STC# 4750-085906

*Reserve your spot today!* You may cancel up to 30 days prior to the start of the California Jail Command Academy. No refunds will be given for cancellations received within 30 days of the class. All cancellations are subject to a \$50 service fee. **Your cancellation must be received in writing via fax or e-mail.** Substitutions will be acceptable. Please direct questions to [Lorib@aja.org](mailto:Lorib@aja.org).

### APPLICANT INFORMATION

Name:

Title:

Rank:

AJA Member: #

E-mail:

Work Phone:

Cell Phone:

Professional Designations: CJO CJS CJM Other:

### AGENCY INFORMATION

Facility Name:

Facility Address:

City:

State:

ZIP Code:

### PERSONAL INFORMATION

Home Address:

City:

State:

ZIP Code:

Home Phone:

Personal E-mail:

### ADDITIONAL INFORMATION

Would you like your materials to be mailed to your home work (select only one)

Shirt Size (select one): S M L XL 2X 3X 4X

What do you believe is your biggest challenge at your facility?

### PAYMENT INFORMATION

**Tuition:** Please remit your Tuition of **\$1,500 per person.**

If you will be paying by credit card or a fully executed purchase order, you may register by completing this form and faxing it to 301-790-2941 or by emailing this completed form to [Lorib@aja.org](mailto:Lorib@aja.org).

If you will be paying by check, please complete this form and mail with payment to:  
American Jail Association • 1135 Professional Court • Hagerstown, MD 21740-5853

**(Make checks payable in U.S. funds, drawn on a U.S. bank to American Jail Association)**

**Payment Via Credit Card:** Charge to: VISA MasterCard American Express Discover

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security #: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Billing Address/ZIP Code: \_\_\_\_\_

**Payment Other:** PO#: \_\_\_\_\_ Please Invoice: \_\_\_\_