



# ROCKY MOUNTAIN JAIL LEADERSHIP ACADEMY REGISTRATION FORM CLASS 7

*Reserve your spot today!* You may cancel up to 30 days prior to the start of the Rocky Mountain Jail Leadership 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.

IT IS STRONGLY RECOMMENDED THAT PARTICIPANTS DO NOT PURCHASE AIRLINE TICKETS WITHOUT FIRST CONTACTING AJA FOR PROGRAM CONFIRMATION.

### APPLICANT INFORMATION

Name:

Title:

Rank:

AJA Member #:

E-mail:

Work Phone:

Cell Phone:

Where would you like your Training Materials to be mailed? Home \_\_\_\_ or Agency \_\_\_\_ (select one)

Would you like your membership materials to be mailed to the same address? \_\_\_\_\_

### AGENCY INFORMATION

Agency Name:

Agency Address:

City:

State:

ZIP Code:

### PERSONAL INFORMATION

Home Address:

City:

State:

ZIP Code:

Home Phone:

Personal E-mail:

### ADDITIONAL INFORMATION

**Shirt Size (circle 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 **\$1,260 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.

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: \_\_\_\_

