



Conference Registration Form

ICPA 12TH ANNUAL CONFERENCE
Ghent, Belgium – October 24-29, 2010

INSTRUCTIONS: Thank you for your interest in the ICPA and in supporting its mission and goals. This conference registration form should be completed in English and all areas should be filled in where applicable. Your details will be held on the ICPA database which is maintained by ICPA administrative staff. The conference registration form may be completed electronically and sent by email, mail, or fax as noted. Online registration is also available at www.icpa.ca.
Thank you for registering...We look forward to seeing you in Ghent!

By Mail:
Attention: Cassandra Johnson
International Corrections and Prisons Association
1619 Sumter Street
Columbia, South Carolina 29201, USA
By Fax: +1 803 753 9023
Email: cassandrajohnson@icpa.ca

TODAY'S DATE

MONTH	DAY
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TYPE OF REGISTRATION: FULL REGISTRATION - US\$695 (520 EUR) First-time attendees please check here
 DAILY REGISTRATION - US\$160 (120 EUR) I have a current valid ICPA membership
Note: The daily registration fee DOES NOT include the Welcome Reception, or the Awards Dinner. Tickets for these activities can be purchased at the registration desk on-site.
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Please complete ALL fields in BLOCK CAPITALS and black ink. Missing information may delay the completion of your registration.

PERSONAL DETAILS: First Name: _____ Gender MALE
Last Name: _____ FEMALE
Date of Birth:

MONTH	DAY
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 First Language: _____
Spoken Languages: _____

BUSINESS DETAILS: Agency Name: _____
Agency Type: GOVERNMENT NON-PROFIT ACADEMIC PRIVATE SECTOR MEDIA OTHER
Position/Title: _____
Address: _____
City: _____ State/Province: _____
Country: _____ Post Code: _____
Office Telephone: _____ Fax: _____
Email: _____
Company Website: _____

SPECIAL NEEDS: Please use this space to identify any special needs, such as dietary or physical limitations.

COMPANION PROGRAM - US\$345 (260 EUR) per person (for spouses, friends, children)
Please contact cassandrajohnson@icpa.ca to register additional companions.

1) Name _____ Date of Birth

MONTH	DAY
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Email _____
2) Name _____ Date of Birth

MONTH	DAY
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Email _____

PAYMENT OPTIONS:

Credit Cards
Credit card payments are processed in \$USD.
Please print clearly and return by fax or mail to the above address.

Name on Card _____ Card Type _____
Card No. _____ Expiration

MONTH	YEAR
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Wire Transfers
Please include your name, your agency name, and/or invoice number in the transfer instructions. Send to:

RBC Bank
701 Gervais Street, Suite 160
Columbia, South Carolina 29201, USA
Routing No. - 053100850
Account No. - 4100005501
Swift Code - CNTAUS33

Checks / Money Orders: Please make payable to: International Corrections and Prisons Association.
Mail to the address at the top of this form.

Pay On-Site: Mark if applicable. Cash payments in \$USD or Euro and credit card payments will be accepted on-site.

CANCELLATION POLICY	
Through August 31	- No penalty
September 1-30	- 25% of the total registration fee
October 1-23	- 50% of the total registration fee
Non-attendance	- No refund