

**CAAO Annual Training Conference Registration  
October 17 & 18, 2011**

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Accreditation Manual:**

- |                                                                    |                                                              |
|--------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Administration of Correctional Agencies   | <input type="checkbox"/> Adult Community Residential         |
| <input type="checkbox"/> Adult Correctional Boot Camp Programs     | <input type="checkbox"/> Adult Correctional Institutions     |
| <input type="checkbox"/> Adult Local Detention Facilities          | <input type="checkbox"/> Adult Parole Authorities            |
| <input type="checkbox"/> Adult Probation and Parole Field Services | <input type="checkbox"/> Correctional Industries             |
| <input type="checkbox"/> Correctional Training Academies           | <input type="checkbox"/> Electronic Monitoring               |
| <input type="checkbox"/> Juvenile Community Residential            | <input type="checkbox"/> Juvenile Correctional Boot Camps    |
| <input type="checkbox"/> Juvenile Day Treatment Programs           | <input type="checkbox"/> Juvenile Detention Facilities       |
| <input type="checkbox"/> Juvenile Probation and Aftercare Services | <input type="checkbox"/> Juvenile Correctional Facilities    |
| <input type="checkbox"/> Small Jail Facilities                     | <input type="checkbox"/> Small Juvenile Detention Facilities |
| <input type="checkbox"/> Therapeutic Communities                   | <input type="checkbox"/> Correctional Health Care            |
| <input type="checkbox"/> Other: _____                              |                                                              |

**Conference Registration Fee: \$110.00**

**Method of Payment:**

- Check (Please Attach)  
 Company Billing (Please Attach Approved Purchase Order)  
 Credit/Debit Card: [www.accreditationohio.org](http://www.accreditationohio.org)  
or contact Chris Hurst (330) 898-0820 ext. 2010

**Billing Address/Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_