

PREVENTION, PUBLIC SAFETY, AND RE-ENTRY CONFERENCE:

ATTENDING TO BEHAVIORAL HEALTH NEEDS OF OFFENDERS
FOR CORRECTIONAL, MENTAL HEALTH, AND ADDICTION PROFESSIONALS

ATLANTIC CITY SHERATON
OCTOBER 8 - 9, 2008

Registration Form

One Form Per Person—Please Print or Type

Name: _____

Title: _____

Organization: _____

Email Address: _____

Phone: _____ Fax: _____

Please select from below:

_____ TWO-DAY REGISTRATION - \$150.00 _____ ONE-DAY REGISTRATION - \$99.00

ON-SITE REGISTRATION: \$175.00 FOR TWO-DAY / \$125.00 FOR ONE-DAY

Please select if you will be attending the following:

(Meals are included in the registration fee)

Wednesday, October 8, 2008

Afternoon Luncheon _____

I would like a vegetarian meal _____

Evening Reception _____

Thursday, October 9, 2008

Afternoon Luncheon _____

I would like a vegetarian meal _____

Sponsored By:



**The Coalition
of Community
Correction
Providers of
New Jersey, Inc.**

New Jersey Chapter

Chapter

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NEW JERSEY CHAPTER
NJ AMERICAN
CORRECTIONAL
ASSOCIATION

Please make checks payable to:

New Jersey Chapter: American Correctional Association

Please send check and completed form to:

Kelly Monaghan

235 White Horse Pike, Collingswood, NJ 08107

Phone: (856) 854-4660 Fax: (856) 854-0651

kmonaghan@voadv.org

For more information, contact:

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