



Washington, DC  
January 9–13, 2006

### Registration Form

#### Contact Information:

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency/Organization/Company: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell (optional): \_\_\_\_\_

E-mail: \_\_\_\_\_

(Important conference updates will be forwarded to you via e-mail)

First name or nickname: \_\_\_\_\_

(as you wish it to appear on your namebadge)

#### Special Needs (Check all that apply):

Sign Interpretation

Physical Disability

Specific Type:

Wheelchair

Service Animal

Other

Dietary Needs

Diabetic

Vegetarian

**Preconference Workshops (Fee \$100; In order to register for a preconference session, you must register for the entire conference.)**

Preconference workshop fee includes training materials, morning, midmorning, and afternoon breaks, and luncheon.

- Assessment and Planning for Juvenile Justice Programs
- Disproportionate Minority Contact
- Leadership for Truancy Reduction: Practices, Partnerships, and Policies
- Addressing the Needs of Juvenile Female Offenders
- Not interested in Preconference Workshops

**Conference (Fee \$275 if postmarked on or before December 16, \$350 if postmarked after December 16):**

Conference fee includes 3 1/2 days of conference sessions, materials, daily morning, midmorning, and afternoon breaks, and two luncheons.

**Payment Information:**

We accept Visa, MasterCard, and checks.

- I am paying by credit card**
  - Type of credit card:  Visa  MasterCard
  - Amount: \_\_\_\_\_ Preconference  
\_\_\_\_\_ Conference  
\_\_\_\_\_ Total
  - Cardholder's name: \_\_\_\_\_
  - Card number: \_\_\_\_\_
  - Security code: \_\_\_\_\_
  - Expiration date: Month: \_\_\_\_\_ Year: \_\_\_\_\_
- I am paying by check (Please make check payable to Aspen Systems Corporation.)**
  - Amount: \_\_\_\_\_ Preconference  
\_\_\_\_\_ Conference  
\_\_\_\_\_ Total
  - Check number: \_\_\_\_\_
  - Issuing organization: \_\_\_\_\_



Please mail this completed registration form with a check made payable to Aspen Systems Corporation or credit card payment information to:

Building on Success  
Attention: Registrar  
Aspen Systems Corporation  
2277 Research Boulevard, MS 6N  
Rockville, MD 20850

Federal Tax ID: 52-1143803

**OR**

Fax this completed registration form to 443-526-0443 **only** if you are paying with a credit card. If you are faxing, do **not** mail the original form.