

# Correctional Education Association Region IV/III Conference



April 29 – May 1, 2018

Embassy Suites – Downtown Des Moines

101 E. Locust St. Des Moines, Iowa 50309

A block of rooms has been reserved at the Embassy Suites Downtown Des Moines for conference attendees at a special group rate of \$115 per room. For booking, call the hotel at 1-800-EMBASSY (Code: CEA), or online by visiting

<http://group.embassysuites.com/CorrectionalEducationAssociation>

\*\* Hotel parking is \$23 per night, or parking is available for \$10 per night across the street in the public parking garage. \*\*

## REGISTRANT INFORMATION

Name:	CEA Member #:
Address:	Agency:
Phone #:	Email:

## REGISTRATION INFORMATION

Conference registration rates include: Sunday night screening of *The Fort – 177 Years of Crime & Punishment at Iowa State Penitentiary*, Monday Luncheon, and Tuesday Teacher of the Year Luncheon. Additional meal tickets may be purchased for an additional cost.

\*\* Guests of Embassy Suites receive complimentary cooked-to-order breakfast. \*\*

Registration:	By March 30:	After March 30:
<input type="checkbox"/> Member	<input type="checkbox"/> \$165	<input type="checkbox"/> \$190
<input type="checkbox"/> Non-Member	<input type="checkbox"/> \$230	<input type="checkbox"/> \$255
<input type="checkbox"/> Retiree	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175

### **Additional Meal Tickets:**

Monday Luncheon: \_\_\_\_\_ @ \$35 each = \_\_\_\_\_

Tuesday Luncheon: \_\_\_\_\_ @ \$35 each = \_\_\_\_\_

Additional Meal Ticket Total = \_\_\_\_\_

Registration and extra meal tickets combined total = \_\_\_\_\_

**PAYMENT INFORMATION**

Please return completed form along with payment to:

***Kerry Murray***  
***709 S. Plane***  
***Burlington, IA 52601***

**OR**

Email the completed form as an attachment to:

[kerry.murray@iowa.gov](mailto:kerry.murray@iowa.gov)

Signed hard copy forms may be scanned and emailed

Check one:

Check Enclosed (Make payable to CEA Region IV/III Conference)

Purchase Order # \_\_\_\_\_

Visa     MC     Discover     AmEx

Card #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_ CCV#: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature:

X  
\_\_\_\_\_

Double-Click on signature line.