

75th CEA International Conference and Training

Event

Renaissance Austin Hotel
9721 Arboretum Blvd Austin, TX 78759
Phone: 512-343-2626

Hotel Reservation: To make a reservation please call 512-343-2626 for accommodations and mention you are with the **Correctional Education Association** group to receive the conference rate. Room rates are: **\$179.00**
*All guest rooms are subject to a 17% room tax

Full Registration

**** Must be postmarked by the dates below to receive rate ****
Conference registration includes Sunday Reception, Monday morning coffee, Monday TOY gala, Tuesday coffee, Tuesday lunch, and Wednesday Brunch

****Please contact Kiara Wilson kwilson@ceanational.org if interested in becoming a member to take advantage of member rate.****

Before July 22nd:

___ \$450 CEA Member
___ \$515 Non-Member
___ \$399 Retired Member

After July 22nd:

___ \$500 CEA Member
___ \$565 Non-Member
___ \$425 Retired Member

On-site Registration:

___ \$550 CEA Member
___ \$615 Non-Member
___ \$450 Retired Member

Meal Tickets:

___ \$60 Sunday reception
___ \$60 Monday TOY Gala
___ \$60 Tuesday Luncheon
___ \$40 Wednesday Brunch

___ YES, I will be attending the Council of Directors Leadership Meeting held from 8:00-4:30 pm August 22nd.

Cost of attendance \$75

One Day Registration

Monday: (includes Monday Morning coffee & TOY Gala Dinner)

___ \$200 CEA Member
___ \$265 Non-Member

Tuesday: (includes Tuesday Morning coffee & Tuesday Lunch)

___ \$200 CEA Member
___ \$265 Non-Member

TOTAL CONFERENCE PAYMENT: \$ _____

Events I Plan to Attend:

___ Sunday Reception ___ Monday Coffee ___ Monday TOY Gala
___ Tuesday Coffee ___ Tuesday Lunch ___ Wednesday Brunch

Special Meal Preference: ___ Vegetarian ___ Gluten Free

Return Registration form and fees made payable to "CEA" to:
Dusti Morgan, Conference Treasurer
248 Old Waco Rd
Gatesville, TX 76528



****Name:** _____

****Company:** _____

****Position/Title:** _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

****Are you an employee of WSD? ___ Yes ___ No**
(WSD Employees are required to complete the asterisks above)

Method of payment:

___ Check ___ Credit Card ___ Purchase Order

Credit Card/ PO Payment

Name of Cardholder: _____

Card Type: ___ VISA ___ Amex ___ Disc ___ MC

Card Number: _____

Expiration Date: ___/___/___ **CVV Code:** _____

Billing Address: _____

City/State/Zip: _____

Authorized Signature: _____

Email address: _____

PO# _____

Invoice# (CEA office use only): _____

Non-Members

If you are currently not a CEA Member, a membership application submitted four (4) weeks prior to submitting this registration form to www.ceanational.org will enable you to take advantage of the current member discount for the International Conference and Training registration.