

# 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

tion N

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**NEW JERSEY NJ AMERICAN  
CHAPTER 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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