

**2024 Fall Conference**

**Northern Kentucky Convention Center**

**Monday, October 14, 2024 – Thursday, October 17, 2024**

**1 West Rivercenter Boulevard**

**Covington, KY 41011**

**2024 Fall Conference Registration Form**

Agency/County Name:

Attendee Name (s) and Title (s):

Name Title

Address:

City/State/Zip:

Contact Name:

Contact Number: Email Address:

**Registration Fees:** **Quantity Total**

Jailer $ 175.00 $

Deputy Jailer $ 125.00 $

Other Officials $ 175.00 $

Spouse $ 125.00 $

**Money must be received along with the registration form Total Amount $**

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| Additional Conference Information Please Contact:Renee McDaniel, Executive Director (859) 621-6498 or kyjailers@gmail.com Hotel Reservations and Conference Information available at www.kyjailers.org | *Return form and payment to:*Kentucky Jailers Association601 Central AvenueNewport, KY 41071*Please make check payable to Kentucky Jailers Association.*  |



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**Credit Card Authorization Form**

**Please complete all fields. You may cancel this authorization at any time by contacting us.**

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| **Credit Card Information** |
| Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX□ Other |
| Cardholder Name (as shown on card): |
| Card Number: |
| Expiration Date (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV\_\_\_\_\_\_\_\_\_\_\_ |
| Cardholder ZIP Code (from credit card billing address): |

I, , authorize **the Kentucky Jailers Association** to charge my credit card above for agreed-upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature Date