



2025 Summer Conference
Northern Kentucky Convention Center
1 W Rivercenter Boulevard
Covington, KY 41011
June 8, 2025- June 12, 2025

2025 Summer Conference Registration Form

Agency/County Name: _____

Attendee Name (s) and Title (s): _____
 (List All Attendees and Titles)

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact: _____ Email Address: _____

Registration Fees:	Quantity	Total
Jailer \$ 225.00	_____	\$ _____
Deputy Jailer \$ 200.00	_____	\$ _____
Other Officials \$ 225.00	_____	\$ _____
Spouse \$ 150.00	_____	\$ _____
Money must be received along with the registration form	Total Amount * \$	_____

<p>Additional Conference Information Please Contact: Renee McDaniel, Executive Director (859) 621-6498 or kyjailers@gmail.com</p> <p>Hotel Reservations and Conference Information available at https://book.passkey.com/e/50991316</p>	<p>This form may be emailed with the attached credit card authorization form. If you are paying by check, please mail this form and a check to:</p> <p style="text-align: center;">Campbell County Detention Center ATTN: KJA 601 Central Avenue Newport, KY 41071</p>
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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> 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