



2025 Fall Conference Attendee Registration
Holiday Inn and Sloan Convention Center
1021 Wilkinson Trace
Bowling Green, KY 42103
Monday, October 12 – Thursday, October 16

Agency/County Name: _____

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

Address: _____

City/State/Zip: _____

Contact Name: _____

Phone: _____ Email: _____

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 *	\$ _____

Please contact Renee McDaniel with any questions. (859) 621-6498 or kyjailers@gmail.com.

Hotel Reservations and Conference Information available at:
[LINK TO HOTEL RESERVATIONS](#)

This form may be emailed with the attached credit card authorization form. If you are paying by check, please make checks payable to the Kentucky Jailers Association and mail to :

Mason County Detention Center
ATTN: KJA
702 US Highway 68
Maysville, KY 41056

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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**