



2026 Summer Conference Registration
Owensboro Convention Center
501 W 2nd Street
Owensboro, KY 42301
Sunday, June 7 – Thursday, June 11

Agency / County: _____

Attendee Name(s) and Title(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Email: _____

Registration Fees:

Quantity

Total

Jailer

\$ 225.00

\$ _____

Deputy Jailer

\$ 200.00

\$ _____

Other Officials

\$ 225.00

\$ _____

Spouse

\$ 150.00

\$ _____

***Payment must be received with registration form**

Total Amount Due: \$ _____

**Additional Conference Information Please
Contact:**

Sara Massey
(270) 392-4008
sara@mssgov.com

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**

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 canceled.

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: _____ CVV _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ 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