

**2010 IJJA Conference Registration  
 Holiday Inn Boise Airport -Boise September 12-15, 2010  
 3300 Vista Ave Boise, ID 83705 208-343-4900**

Name:		Agency:	Phone :	County:	Dist:
		Email:			
Address:			Are you a current member of IJJA ?      YES ___ NO ___		
City:	St:	Zip:	Would you like a certificate of attendance ?      YES ___ NO ___		
<b>REGISTRATION INCLUDES BBQ, BANQUET AND LUNCHEON</b>					
YES ___ NO ___	I will be attending the Sunday Reception				
YES ___ NO ___	I will be attending the Monday Luncheon				
YES ___ NO ___	I will be attending the Monday BBQ				
YES ___ NO ___	I will be attending the Tuesday Banquet				
_____	Check here if a <b>Scholarship Recipient</b> [fill out bottom half of page]				\$0.00
_____	Check here if <b>Non-Scholarship Recipient-IJJA Member</b>				\$125.00
_____	Check here in <b>Non-IJJA Member</b>				\$150.00
_____	Late fee (After <b>August 31, 2010</b> )[note: scholarship recipients are due by <b>deadline per draw</b> ]				\$10.00
_____	Guest fee- (includes reception, BBQ, Banquet and Luncheon)				\$40.00
<b>TOTAL</b>					<b>\$</b>

**Scholarship Acknowledgement**

Questions regarding scholarships - please contact Gabe Baker gbaker@latah.id.us or (208) 883-2277

**Please fill out bottom half ONLY if scholarship recipient**  
**Return this completed form by deadline given for scholarship draw**

I, \_\_\_\_\_ (print name) hereby acknowledge and confirm that I have been selected to receive a scholarship for this year's conference. In signing this form, I accept this scholarship to attend the 2010 IJJA conference. The scholarship will pay for my conference registration and hotel accommodations. All rooms are double occupancy only. I also understand that this scholarship is the result of a grant in cooperation with the **Idaho Department of Juvenile Corrections, The Federal Office of Juvenile Justice and Delinquency Prevention and the Idaho Juvenile Justice Commission**. The Commission each year grants monies to the Idaho Juvenile Justice Association to provide scholarships for its members in good standing.

I understand that this scholarship is contingent upon my returning this form by fax, mail, or e-mail by the deadline given before it will be officially granted to me. I agree that, should I fail to return these forms properly completed in the time provided, I will be disqualified for this scholarship and I will be required to pay all expenses associated with the conference should I wish to attend.

I also understand that, by signing this form and accepting the scholarship offered to me, I agree to abide by a personal code of conduct that will reflect a positive and ethical light on my person and profession during the duration of the conference. If I fail to represent myself and my profession in such a manner (as deemed by a quorum vote of the current governing IJJA Board), I understand that consequences may be levied by the IJJA Board, including reimbursement of scholarship monies provided and denial of future scholarships to IJJA conferences. I also understand that if I fail to attend the conference, without proper cancellation, I, or my agency, may have to reimburse IJJA for this scholarship.

\_\_\_\_\_ **EARLYBIRD SCHOLARSHIP:** I also understand that this scholarship is **funded by the IJJA Board, in recognition of early membership registration.**

Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Roommate Preference:** \_\_\_\_\_ **Smoking** \_\_\_ **or Non** \_\_\_  
**Scholarship Recipients- Please do not reserve your own rooms- this will be done for you.**

Enclose fees, payable to "IJJA" and return registration and payment to:  
 Dahlia Stender, IJJA Treasurer      juvenile@co.washington.id.us  
 256 E. Court St      (208) 414-0606 -- office  
 Weiser, Idaho 83672      (208) 414-0394 -- fax