



# "First You Make a Roux"

## New Orleans 2009



Southern States  
Correctional Association

sscaweb.com



### 40<sup>th</sup> Annual Training Conference July 19-22, 2009

Royal Sonesta Hotel-Bourbon Street, New Orleans, LA  
Phone: 800-766-3782

Group Code: Southern States Correctional Association/SSCA

Cutoff Date: June 19, 2009. Room Rate: \$119.00

Please print or type: (Advance Registration Form must be received by July 1, 2009).

Registration includes one ticket each: President's Reception, Louisiana Night, Awards Banquet and all Training.

Name: \_\_\_\_\_  
First Middle Initial Last

Title: \_\_\_\_\_ Agency/Facility: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Past Presidents	\$0.00	_____
Advance Registration (Prior to July 1, 2009)	\$175.00	_____
Late/On-Site Registration (After July 1, 2009)	\$195.00	_____
SSCA Membership Dues	\$ 25.00	_____
Golf Tournament	\$ 75.00	_____
<b>Additional tickets or Spouse/Guest registration for special events:</b>		
No. ___ President's Reception (Sunday, July 19 <sup>th</sup> )	\$ 40.00	_____
No. ___ Louisiana Night-Mardi Gras World (Monday, July 20 <sup>th</sup> )	\$ 75.00	_____
No. ___ Awards Banquet (Tuesday, July 21 <sup>st</sup> )	\$ 60.00	_____

**NOTE: SSCA does not accept Credit or Debit Cards.  
NO REFUNDS TWO WEEKS PRIOR TO CONFERENCE DATE**

Checks should be made payable to SSCA. Send completed form(s) and payment to:

Cheryl T. Dees, Human Resource Division  
LA. Department of Corrections  
P.O. Box 94304, Baton Rouge, LA 70804  
Telephone # 225/342-2214 WORK  
Telephone # 225/342-6018 FAX

Please contact Cheryl Dees, Conference Registration Coordinator, by email at [cdees@corrections.state.la.us](mailto:cdees@corrections.state.la.us) with any questions.

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**TRANSPORTATION TO/FROM AIRPORT: Information below must be forwarded to:  
Darryll Campbell, Phone #: 225/319-4511 Work or 225/936-6430 Cell  
Email address: [dcampbel@corrections.state.la.us](mailto:dcampbel@corrections.state.la.us)**

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline & Flight #: \_\_\_\_\_