

Invited Speakers

Judge Glenda Hatchett

Former Juvenile Court Justice

and currently appears on a Nationally Syndicated Courtroom Series

Bishop T. D. Jakes

Senior Pastor of The Potter's House, Author, Television Host

Clifton Taulbert

Pulitzer Prize Nominated Author

Susan L. Taylor

Editorial Director, Essence Magazine



NABCJ

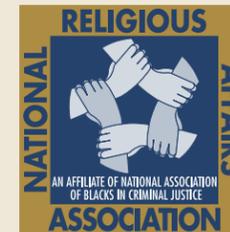
*National Association of
Blacks in Criminal Justice*

North Carolina Central University
Criminal Justice Building, Room 106
P.O. Box 19788
Durham, NC 27707



National Association of Blacks in Criminal Justice

Parent organization of the National Religious Affairs Association



32nd Annual Conference and Training Institute

NABCJ - Committed to the Cause of Justice and the Spirit of Unity

**July 17-21, 2005
Adam's Mark Hotel
Dallas, Texas**

"The Best Criminal Justice Conference in America"

Registration Form

NABCJ's 32nd Annual Conference & Training Institute

Please type or print clearly the following information. If you have any questions or require assistance for a disability, please explain below or contact NABCJ, N.C. Central University, P.O. Box 19788, Durham, NC 27707, telephone: 919.683.1801, fax: 919.667.9822 or call toll free, 866.U.4.NABCJ (866.846.2225). Visit us online at www.nabcj.org.

Please type or print Dr. Rev. Mr. Mrs. Ms.

Name _____ Title/Agency _____

Address Home Work _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

E-mail address _____

Special Assistance /Dietary Needs: _____

Pre-Registration payment must be postmarked by June 17, 2005

Pre-Registration rates are: Member* - \$290 Non-Member - \$360 One-Day*** - \$165 Student** - \$135

Late Registration 6/18/2005 - 7/1/2005.

Late or on-site registration rates are: Member* - \$315 Non-Member - \$390 One-Day*** - \$180 Student** - \$135

Conference Registrations will not be processed after July 1.

Registration will occur on-site only after July 1.

Total amount enclosed: _____ *Make check or money order payable to NABCJ.*

All major credit cards accepted.

Mailing address must be the same as billing address for credit card.

A \$3.00 processing fee will be added to each credit card transaction.

Visa MasterCard American Express Discover Diners Club

Card# _____ - _____ - _____ Exp. Date ____/____

Signature: _____ *Must be a current member by 5.31.05; **Documented full-time undergraduate student; ***Workshops Only

cut here and mail

Date: ____ / ____ / ____

Personal Information

Please type or print clearly Dr. Rev. Mr. Mrs. Ms.

Name _____
Last First Middle

Street Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

E-mail address _____

Sharing a room with:

Roommate 1: Name _____
Last First Middle

Roommate 2: Name _____
Last First Middle

Roommate 3: Name _____
Last First Middle

Hotel Request *Reservations confirmed on a first-come, first-served basis with a valid credit card. Deadline for Hotel Reservations - June 1, 2005*

Arrival Date _____ Arrival Time _____ Departure Date _____ Departure Time _____

Room Preferences: Smoking Non-Smoking King Size Double *Rate is \$88 per room for a single or double; this does not include taxes in the amount of 15%; rates are subject to change.

Payment Information One (1) Reservation per Credit Card

Total amount enclosed: _____ *(Send certified check or money order payable to NABCJ)*

All major credit cards accepted. Visa MasterCard American Express Discover Diner's Club

Card# _____ - _____ - _____ Exp. Date ____/____ Signature: _____

*Credit card reservations will be accepted by fax at 919.667.9822. Money orders & checks must be mailed, along with this form, to: NABCJ, NCCU, P.O. Box 19788, Durham, NC 27707.

Confirmations

NABCJ Housing Bureau & Conference hotel will e-mail or mail confirmations. Please allow three (3) weeks for delivery. Please bring hotel confirmation with you to conference. Housing will be confirmed only upon receipt of Housing Reservation Form & valid credit card information, check, or money order. Cancellations must be received in writing no later than June 30, 2005.

Questions regarding agency direct billing, tax exemption form, parking, room upgrades, etc., should be directed to Bea Anderson at the NABCJ Housing Bureau at 804.674.3507 ext. 1069 or via e-mail at andersonbl@vadoc.state.va.us

For Office Use Only
Reservation made by Fax Mail Internet
Confirmation # _____
Reservation sent to hotel _____
Hotel Assignment _____
Date Received _____

Call for Workshops

NABCJ's 32nd Annual Conference & Training Institute

Planning for the 2005 National Conference and Training Institute hosted by the National Association of Blacks in Criminal Justice that will be held at the Adam's Mark Hotel in Dallas, Texas, July 17-21, 2005 has begun. Please take this opportunity to submit workshop information. The theme of the 2005 conference and training institute is "NABCJ: Committed to the Cause of Justice and the Spirit of Unity" Workshops will be held on July 18, 19, and 20, 2005. Lengths of workshops are 1 1/2, 2, 3, and 4 hours. Please indicate the desired day and length of the session. If the workshop is selected, there will be an attempt to assign it to the requested time. The workshop form should be sent to Lillie Hopkins, Department of Justice Services, 100 S. Central, Clayton, Missouri 63105, 314-615-5705 (phone); 314-615-4329 (fax). The workshop form is due on **January 3, 2005**. For more information regarding workshops contact Ms. Hopkins at 314.615.5705 (p); 314.615.4329 (f) or lhopkins@stlouisco.com

TRAINING TRACKS:

Presentations must support the overall conference goal. Four workshop tracks have been selected and are as follows: **Re-entry**, **Specialized Programs** (i.e., sex offenders, mental health, drug courts . . .), **Juvenile Justice**, and **Professional Development** (i.e., leadership, staff recruitment/retention, health and wellness, organizational development . . .).

REQUESTED DATE: _____ LENGTH OF SESSION: _____

SESSION TITLE: _____

SESSION DESCRIPTION: _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

SPEAKER:

Name _____ Title/Agency _____

E-mail address _____

Address Home Work _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

SPEAKER:

Name _____ Title/Agency _____

E-mail address _____

Address Home Work _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

SPEAKER:

Name _____ Title/Agency _____

E-mail address _____

Address Home Work _____

City _____ State _____ Zip _____

Work Phone (____) _____ Home Phone (____) _____ Fax (____) _____

AUDIO-VISUAL NEEDS: _____

ROOM ARRANGEMENTS: Workshop rooms will be set theater style unless there is a specific request for a different setup.

___ Round Tables ___ Semi-Circle ___ U-Shape ___ Chevron Style