Pennsylvania Prison Chaplains Association

2024 Training Conference

August 27 – 29, 2024

Bongiorno Conference Center │430 Union Hall Road │Carlisle, PA 17013

Name:	Faith Group:
Correctional Institution Name(s):	
Preferred Mailing Address (include Street, City, State, Zip)	
Preferred Telephone: ( )	
Preferred Email:	

A. Off Campus Expense (per person): Bongiorno Conference Center considers people **not lodging** on the grounds as DAY GUESTS. Each day the individual is on the grounds is a $10 fee.

$ _____ $ 10.00 **Tuesday Day Guest**
$ _____ $ 10.00 **Wednesday Day Guest**
$ _____ $ 10.00 **Thursday Day Guest**

B. On Campus Expense. There is no reimbursement for overnight lodging for DOC employees who live less than 50 miles from Bongiorno Conference Center. Persons approved by their institutions to stay overnight off-sight must still pay for **Meals, Day Guest Fees and Training Costs**

$ _____ $ 158.00 SINGLE Occupancy lodging for **Tuesday AND Wednesday nights**.
$ _____ $ 121.00 DOUBLE Occupancy lodging for **Tuesday AND Wednesday nights**.
Name of Roommate: ____

C. Meals/Subsistence Expense (per person)

$ _____ $ 90.00 **ALL MEALS**: Tues. dinner; Wed. breakfast, lunch, Banquet, Thur. break.
$ _____ $ 78.00 **DAY GUEST and/or OFF-SITE LODGING MEALS**: Tues. dinner; Wed. lunch & Banquet (no breakfasts)

Dietary Accommodations:

☐ **Halal** ☐ **Vegetarian** ☐ **Kosher** (If √ kosher, contact Rabbi Moishe Vogel, Aleph Institute NE)

D. Training Costs

$ _____ $ 80.00 Includes expenses for meeting rooms, equipment, speaker fees, entertainment, gifts and PPCA Membership Dues.

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A or B + C+ D = TOTAL

$ _____ Make Check/Money Order payable to **P.P.C.A.** State Vendor # **181775**

Please note: Due to recent changes in the tax code, the PPCA cannot accept electronic payment via Paypal for this conference.

Mail registration form with payment to **PPCA c/o Rev. Ben Dunlop**
235 S. 12th Street
Lebanon, PA 17042

Registration and Payment Due: Friday, August 9, 2024

Business Offices: The check or money order must include the **name of the chaplain** to whom payment will be credited.

Questions? Contact G. Malcolm McDonald (**717) 274.7528** or email BenD@jubilee.org