



County and Municipal Probation Advisory Council

Mr. Michael Nail
Chairperson

Judge Jim Thurman
Vice Chairperson

CONFIRMATION FORM

Name(s): _____

Representative of:

CMPAC Council member or staff

Probation Entity: _____
(name of private or governmental entity)

Other entity: _____

Phone number: () _____

Email address: _____
(please print clearly)

RSVP

I plan to attend the meeting on May 21, 2009, in Macon, Georgia

I will be accompanied by: # _____ person(s)

Please fax this form to Ms. JoAnne Sims, AOC, (478) 471-5796. An accurate count is required to ensure appropriate arrangements.