

2009 CAROLINAS CONFERENCE ON ADDICTION & RECOVERY REGISTRATION

Name: _____

BEST Address: _____

City: _____ State: _____ ZIP _____ BEST Phone: _____

PREFERRED EMAIL: _____

Professional Title: _____

Agency/Employer: _____

Work Address: _____

City: _____ State: _____ ZIP _____ WORK Phone: _____

FEES

Pre-Conference:

_____ \$75 Infectious Disease in S/A Counseling: An Ethical Approach for Better Outcomes

_____ \$75 Nicotine Dependency and Tobacco Cessation

Conference

_____ \$350 EARLY REGISTRATION (postmarked by 10/2/09)

_____ \$395 Registration marked on/after 10/3/09

_____ \$200 Full-time Student Registration

_____ \$150 Wednesday ONLY

_____ \$150 Thursday ONLY

_____ \$150 Friday ONLY

PAYMENT (TOTAL) \$ _____

_____ Check (payable to ADDICTION RECOVERY INSTITUTE) _____ MC/VISA/DISCOVER

_____ Exp Date: _____ VCode: _____

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature (as appears on card): _____

Register by phone: 828-859-2277

Register by fax: 828-859-2292

Register by mail: Addiction Recovery Institute—PO Box 987—Tryon, NC 28782

REFUNDS, less a \$50 administration fee, will be made if requested in writing and postmarked by 10/2/09—**NO REFUNDS WILL BE MADE AFTER THAT DATE.**