

2011 CAROLINAS CONFERENCE ON ADDICTION & RECOVERY REGISTRATION

Please Print This Registration Form and Fax or Mail

Name: _____

BEST Address: _____

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

PREFERRED EMAIL: _____

Professional Title: _____

Agency/Employer: _____

Work Address: _____

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

FEES

Pre-Conference (11/9/11):

_____ \$50 HIV and Infectious Disease _____ \$50 Ethics

_____ \$50 The Church as a Therapeutic Community

Conference (11/10-11/11):

_____ \$200 EARLY REGISTRATION (postmarked by 10/28/11)

_____ \$250 Registration marked on/after 10/29/11

_____ \$125 Thursday ONLY (11/10/11)

_____ \$125 Friday ONLY (11/11/11)

PAYMENT (TOTAL) \$ _____

_____ Check (payable to CAROLINAS CONFERENCE) _____ MC/VISA/DISCOVER

_____ Exp Date: _____ VCode: _____

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature (as appears on card): _____

Register by phone: 828-433-1221

Register by fax: 828-433-1287

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 11/1/11—**NO REFUNDS WILL BE MADE AFTER THAT DATE.**