

Registration Form

CAADAC/NAADAC/NALGAP ANNUAL CONFERENCE

September 28 to October 1, 2006 • Burbank, California

Please check your category below (if applicable)

- CAADAC/NAADAC Member NAADAC Member
 NALGAP Member NAADAC Org. Member
 Conference Sponsor

Member # _____ (if applicable)

(Please print clearly)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____

E-MAIL _____

Conference Fees

Please check the appropriate rates below. Full conference fee includes the Presidents' Dinner on September 30th.

- \$375 Full Conference, CAADAC/NAADAC/NALGAP Member
 \$425 Full Conference, Non-Member
 \$100 Full Conference, Student Member (No Meals)
 \$125 Full Conference, Student-Non-Member (No Meals)
 \$200 Full Conference, Student Member (with Meals; Presidents' Dinner not included)
 \$225 Student-Non-Member (with Meals; Presidents' Dinner not included)
 \$100 Thursday-Saturday Daily Rate, Member
 \$125 Thursday-Saturday Daily Rate, Non-Member
 \$75 Sunday Only, Member
 \$100 Sunday Only, Non-Member
 \$50 Presidents' Dinner Ticket (Sept. 30), Member
 \$75 Presidents' Dinner Ticket (Sept. 30), Non-Member
 \$350 DOT SAP Re-Qualifying Course. 12 CEs and 50 item exam included. This fee does **not** include the CAADAC/NAADAC/NALGAP conference fees.

_____ Total Conference Fees

- Yes, I want to join CAADAC/NAADAC. Please add \$210 (full member) or \$67.50 (student member) to my total.
- I do not reside in California, but would like to join NAADAC/renew my NAADAC membership. (Consult www.naadac.org or call 1-800-548-0497 for your state fees.)
- I would like to join the National Association of Lesbian & Gay Addiction Professionals (NALGAP)
 Individual Membership: \$35
 Agency Membership: \$50
- Please send me additional information about membership.

_____ **Total Amount Enclosed**

Payment Options

- Check or money order (payable to CAADAC) and mail to:
2006 Annual Conference
3400 Bradshaw Road, Suite A5
Sacramento, CA 95827
- Charge my credit card and fax to (916) 368-9424
 Visa Mastercard American Express

NAME AS APPEARS ON CREDIT CARD (PLEASE PRINT CLEARLY) _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

Registration cancellation less than 7 days prior to the conference will result in a \$35 administrative charge.

QUESTIONS?

Visit www.caadac.org or www.naadac.org

Call (916) 368-9412 or 1-800-548-0497

E-mail counselors@caadac.org or naadac@naadac.org
(please put "Annual Conference" in the subject line)