

REGISTRATION FORM
FL/NAADAC 2007 ANNUAL CONFERENCE
JUNE 28-30, 2007 • ORLANDO, FL

CONFERENCE FEES

Please check the appropriate rates below and which day if you are choosing a one-day registration.

FULL CONFERENCE

	<i>Early Bird</i> Before May 28	<i>Regular</i> After May 28
NAADAC Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$115
Non-NAADAC Member	<input type="checkbox"/> \$130	<input type="checkbox"/> \$145
Student*	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 75

*includes one year membership to NAADAC

SINGLE DAY RATES

	<i>Before May 28</i>	<i>After May 28</i>
<input type="checkbox"/> Day 1 (June 28, 2007)	<input type="checkbox"/> \$ 20**	<input type="checkbox"/> \$ 20**
<i>**free if you sign up for the second and/or third day of the conference</i>		
<input type="checkbox"/> Day 2 (June 29, 2007)	<i>Before May 28</i>	<i>After May 28</i>
NAADAC Member	<input type="checkbox"/> \$ 45	<input type="checkbox"/> \$ 60
Non-NAADAC Member	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 75
Student	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 40
<input type="checkbox"/> Day 3 (June 30, 2007)	<i>Before May 28</i>	<i>After May 28</i>
NAADAC Member	<input type="checkbox"/> \$ 45	<input type="checkbox"/> \$ 60
Non-NAADAC Member	<input type="checkbox"/> \$ 60	<input type="checkbox"/> \$ 75
Student	<input type="checkbox"/> \$ 25	<input type="checkbox"/> \$ 40

_____ Total Conference Fees

For non-NAADAC members to receive the member rate for the conference, join NAADAC by calling 800.548.0497

For group rates, please contact Bud Sugg at 800.587.6295.

PAYMENT OR QUESTIONS

Send payment or questions to:
NAADAC, the Association for Addiction Professionals
901 N. Washington St., Ste. 600
Alexandria, VA 22314
Phone: 800.548.0497
Fax: 800.377.1136
naadac@naadac.org

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

REGISTRANT INFORMATION

Ms. Mr. Dr. (Please print clearly)

NAADAC Member ID # _____

NAME _____

HOME OR WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____ FAX _____

EMAIL _____

PAYMENT INFORMATION

- Check enclosed made payable to NAADAC
 Visa Mastercard American Express

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

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

SCHOLARSHIPS

Two Laurie Lind Memorial Scholarships are available to students. Please contact Bud Sugg at 800.587.6295 for more details.