



2008 Spring Conference Registration Form

March 24-28, 2008 – Westin Chicago Northwest, Itasca, IL

Instructions

- ✓ Registrations must be received by March 7, 2008
- ✓ The walk-in price will be required for registrations received after this date.
- ✓ Requests to cancel registration must be in writing and received prior to March 7, 2008
- ✓ Cancelled registrations will be assessed a \$25.00 administrative fee.
- ✓ Registrations canceled after March 7, 2008 will not be refunded.

PRINT LEGIBLY

First Name: _____ MI: _____ Last Name: _____

Agency name as it is to be listed on nametag _____
please limit to 25 characters, including spaces (abbreviate if necessary)

Address (home address only) _____

City _____ State _____ Zip Code _____

Work Phone () _____ ext. _____ Home Phone() _____

IAODAPCA Certification # _____ Certification Level _____

IAODAPCA Registration # _____ Board Registered Level _____
(MISA/RDDP/BRI) (I or II)

Monday, March 24, 2008

(A) _____ or (B) _____ or (C) _____

Tuesday, March 25, 2008

(D) _____ or (E) _____ or (F) _____

Or Advanced Training of Trainers _____ (Must attend both Tuesday and Wednesday)

Wednesday, March 26, 2008

AM workshop – select one (1-6) _____ PM workshop – select one (7-12) _____

Or Advanced Training of Trainers _____ (Must attend both Tuesday and Wednesday)

Thursday, March 27, 2008

AM workshop – select one (13-19) _____ PM workshop – select one (20-25) _____

(All morning sessions are repeated in the afternoon except for Workshop 19 which is an all day session)

Friday, March 28, 2008

Workshop 26 _____

MAIL REGISTRATION TO:

IAODAPCA
401 E. Sangamon Ave.
Springfield, IL 62702
Fax: 217-698-8234

	Member*	Total	Non-Mem.	Total
1/2 Days (Mon or Fri)	60.00		65.00	
Single Full Days (Tues-Thur)	95.00		100.00	
2 Full Days (Tues, Wed, Thur)	180.00		190.00	
3 Full Days (Tues, Wed, Thur)	250.00		260.00	
Entire Conference	325.00		350.00	
Students** \$50.00 each day				
TOTAL				

*Member includes certified, registered, or in the application process with IAODAPCA

**Current students of IAODAPCA accredited training programs - must pre-register and attach a copy of student ID when submitting registration form

**WALK-IN PRICES FOR ALL PERSONS
ARE \$105.00 PER DAY**

continued on back



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I WISH TO PAY BY: Check Credit Card (VISA & MasterCard ONLY) Voucher (must attach to registration)

Printed name on card _____

Card Number _____ - _____ - _____ - _____

Amount to be charged \$ _____ Expiration Date _____

(Security Code - three digit number on the back of the credi card) # _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____

If you have a disability and are in need of special accommodations to fully participate in this conference, please notify IAODAPCA in writing at least 30 days prior to the event.

COMPLETE ONLY IF AGENCY IS TO PAY FULL OR PART OF THE REGISTRATION FEE

The individual is responsible for payment of fee if the agency does not submit payment.
CEU certificates will not be issued to any registrant who has an outstanding conference registration fee.

Agency payment option is available for Members* of IAODAPCA only.

Indicate amount to be paid \$ _____ PO# _____

Business name and address _____

City _____ State _____ Zip Code _____

Contact Person _____ Telephone (____) _____ Ext. _____

A COPY OF THIS REGISTRATION FORM MUST ACCOMPANY AGENCY PAYMENT FOR PROPER CREDIT.

**Member includes certified, registered, or in the application process with IAODAPCA*

Illinois Alcohol & Other Drug Abuse
Professional Certification Association, Inc.
401 E. Sangamon Avenue
Springfield, IL 62702

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U.S. POSTAGE
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Annual Spring Conference