

2008 Co-Occurring Disorders Conference Registration Form

Yakima Convention Center

Sept. 29-30, 2008

Register online!

To Register online (credit card payments only) Go to web site :
<http://dasa.casat.org>

Other Payment Options:

FAX completed registration form with credit card or purchase order to:

1.775.784.1840 (Attn: Samantha)

MAIL completed registration form with payment to :

CASAT/MS 279
Attn: Samantha
University of Nevada, Reno
Reno, NV 89557

Toll Free Phone

1.877.922.6635

CASAT office hours:

8:00am - 5:00pm
Monday - Friday

First Name _____

Last Name _____

(This name will appear on your name badge and certificate)

Agency/Organization _____

Mailing Address _____

E-mail Address _____

City _____ State _____ Zip _____

Phone (including area code) _____

Fax _____

Special Accommodations _____

(Please specify any special needs, accommodations or dietary needs)

Please check your current primary area of employment:

Chemical Dependency Mental Health Education

Child Welfare Medical Student

Corrections Other _____

License(s) and Certifications: Check all that are applicable. If your license or certification is not listed add it in the "Other" field.

- | | | |
|---|---|--|
| <input type="checkbox"/> Chemical Dependency Professional | <input type="checkbox"/> Licensed Mental Health Counselor | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Chemical Dependency Professional Trainee | <input type="checkbox"/> Licensed Marriage Family Counselor | <input type="checkbox"/> Licensed Practical Nurse |
| <input type="checkbox"/> Licensed Social Worker | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Registered Counselor |
| <input type="checkbox"/> Licensed Advanced Social Worker | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Licensed Independent Clinical Social Worker |
| <input type="checkbox"/> Advanced Registered Nurse Practitioner | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Other _____ |

Registration fee Information

Early bird registration must be received by 11:59pm on Sept. 1, 2008.

- | | |
|---|--|
| <input type="checkbox"/> Early Bird Rate \$110 | <input type="checkbox"/> Medical Professional CME's Early Bird Rate \$150 |
| <input type="checkbox"/> Regular Rate \$130 | <input type="checkbox"/> Medical Professional CME's Regular Rate \$170 |

Note: Registration fee includes continental breakfast and lunch on Monday and Tuesday

Payment:

- Purchase order enclosed
- Check payable to **Board of Regents** Enclosed
(CASAT ID# 88 6000024)
- Credit Card: Master Card Visa
- American Express Discover

Card Number _____

Card Code _____ (3 or 4 digit # on back of card)

Exp. Date _____ Amount _____

Billing Zip Code _____

Signature (as it appears on card) _____

If agency is paying , tax ID# _____

Cancellation Policy: If you are unable to attend the conference, please send a written cancellation notice to Samantha at CASAT (contact info below) postmarked no later than Sept.15, 2008 for a full refund. If your cancellation notice is received after the deadline a refund will not be possible. Thank You. Contact Samantha Draeger at CASAT at sdraeger@casat.org or 877.922.6635 or 775.784.6265.

- Please check that you have read and understand the cancellation policy.