

# REGISTRATION FORM

## EVIDENCE-BASED PRINCIPLES & PRACTICES: *Improving Medication Assisted Treatment* October 20 – 24, 2007 • Sheraton San Diego Hotel & Marina • San Diego, California

Use one form for each registrant. Photocopies of the form are acceptable. Please print clearly or type or you can register on-line at [WWW.AATOD.ORG](http://WWW.AATOD.ORG) and click on the ON-LINE REGISTRATION LINK.

**CONTACT INFORMATION:** (please print)

First (Given) Name	Middle Initial	Last (Family) Name	Name on badge	
Degree		Affiliation (Employer)		Position/Title
Business Address		City	State/Province	Country
Business Telephone		Fax Number	E-Mail Address	

**PLEASE CHECK ONLY THE PROFESSIONAL DESIGNATION THAT APPLIES:**

Clinical / Medical  
  Funding / Evaluation  
  Research  
  Counseling  
  Administrative / Management  
  Policy  
  Other (Please Specify) \_\_\_\_\_

**FULL CONFERENCE REGISTRATION:**

Includes Welcome Reception and Awards Banquet

(✓check all that apply)      **April 1, 2007 – September 28, 2007**      **Fee enclosed**

- One person from an agency . . . . . \$485 \$ \_\_\_\_\_
- Two or more from an agency, each . . . . . \$450 \$ \_\_\_\_\_
- Single Day (specify day below) . . . . . \$215 \$ \_\_\_\_\_
  - Sunday
  - Monday
  - Tuesday (Does not include Awards Banquet)
  - Wednesday

- Yes, I will be attending the Welcome Reception
- No, I will not attend the Welcome Reception
- Yes, I will be attending the Awards Banquet
- No, I will not attend the Awards Banquet

Clinicians Course . . . . . \$150 \$ \_\_\_\_\_

**CME/CEU FEES (NOT INCLUDED IN CONFERENCE REGISTRATION FEE)**

Please indicate the type of continuing education units you intend to seek:

- Physicians    Physician Assistants    Pharmacists . . . . \$40 \$ \_\_\_\_\_
- Nurses    Social Workers    Psychologists . . . . . \$30 \$ \_\_\_\_\_
- Counselors . . . . . \$20 \$ \_\_\_\_\_

**TOTAL FEES \$ \_\_\_\_\_**

**Please Note:** Tickets for the Welcome Reception and the Awards Banquet are not included in the Single Day Registration Fee. Guest tickets for the Welcome Reception may be purchased on site for \$20.00. Guest Tickets for the Awards Banquet may be purchased on site for \$65.00.

Register for the conference on-line at [www.aatod.org](http://www.aatod.org) or mail or fax the Registration form with your payment in full to:

**AATOD 2007 National Conference Registration**  
**19 Mantua Road**  
**Mt. Royal, New Jersey 08061**  
**FAX: 856-423-3420**

 **Please indicate any special assistance required:**

\_\_\_\_\_

\_\_\_\_\_

**PAYMENT INFORMATION:**

I wish to pay my fees by **CREDIT CARD**

Please note this charge will appear on your statement as

**"AATOD Conference Registration"**

**Visa** (13-16 digits)    **MasterCard** (16 digits)    **American Express** (15 digits)

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ACCOUNT NUMBER

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**\*TOTAL FEES TO BE CHARGED \$ \_\_\_\_\_**

EXPIRATION DATE (mm/yy)

Cardholder (name as it appears on card):

Cardholder's Signature

Registrations paid by credit card may be faxed to 856-423-3420. Please keep a copy of your fax confirmation for your record. If faxing, DO NOT mail the original form, doing so may result in duplicate charges to your credit card! **\*AATOD reserves the right to charge the correct amount if different from the total above.**

Enclosed is payment by **CHECK** payable to the *American Association for the Treatment of Opioid Dependence, Inc.*

To assure prompt processing of your registration, please be sure to remit your check in U.S. dollars and issued by a U.S. correspondent bank. Please check with your local bank before processing payment. Each registrant is responsible for any and all bank charges. A \$50.00 processing fee will be charged for checks returned unpaid.

**AATOD does not accept purchase orders as a form of payment.**

FID number for the American Association for the Treatment of Opioid Dependence, Inc. is 13-3299366.

**CANCELLATION POLICY**

If you must cancel your registration, the American Association for the Treatment of Opioid Dependence, Inc. Registration Department must receive all requests in writing **no later than September 28, 2007**. All fees paid will be returned less a \$50.00 processing fee. **THERE WILL BE NO REFUNDS AFTER THE SEPTEMBER 28TH DEADLINE.**

**REPLACEMENT POLICY**

Replacements will only be processed when requests are received in writing prior to September 28, 2007. **There will be NO replacements after that date.**

Participation in this conference assumes knowledge and authorization of audio and/or video recording of portions of this conference. Registration will be confirmed in writing within two weeks of receipt of payment. If you do not receive confirmation by that time, please call 856-423-3091.