

REGISTRATION FORM

Countering Opioid Stigma: Communicating Messages to Influence Public Perception

June 11, 2008

**Georgia International Convention Center
College Park, Georgia**

Use one form for each registrant. Photocopies of the form are acceptable. Please print clearly or type or you can register on-line at http://www.aatod.org/projects_training.html 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	Zip Code
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) _____

CONTINUING EDUCATION CREDITS

Please indicate by checking the box if you wish to obtain Continuing Education Hours

PAYMENT INFORMATION: COURSE FEES: \$60

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

Please note this charge will appear on your statement as **“AATOD Registration”**

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

ACCOUNT NUMBER

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

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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 June 2, 2008**. All fees paid will be returned less a \$25.00 processing fee. **THERE WILL BE NO REFUNDS AFTER THE June 2, 2008 DEADLINE.**

REPLACEMENT POLICY

Replacements will only be processed when requests are received in writing prior to June 2, 2008. **There will be NO replacements after that date.**