



Registration Form

Countering Opioid Stigma: Communicating Messages to Influence Public Perception

Use one form for each registrant. Photocopies of the form are acceptable. Please print clearly or type or you can register online at www.aatod.org and click on the registration link.

CONTACT INFORMATION: (please print)

Name (Given) Name	Middle Initial	Last (Family) Name	Name on Badge	
Degree		Affiliation (Employer)	Position/Title	
Business Address	City	State/Providence	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 appropriate box if you wish to obtain Continuing Education Credit.

NAADAC
 ASWB

PAYMENT INFORMATION:

COURSE FEES: \$75

I wish to pay my fees by CREDIT CARD
 Enclosed is payment by Check payable to AATOD

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	EXPIRATION DATE (mm/yy)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

AATOD reserves the right to charge the correct amount if different from the total above.

Cardholder (name as it appears on card)	Cardholder's Signature	Date
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Register by emailing Baltimore@Vistapharm.com or by completing the registration form and faxing it to 205-980-4849 or by mailing it to the following:

2010 AATOD Media Training Registration
c/o VistaPharm, Inc.
2224 Cahaba Valley Drive, Suite B-3
Birmingham, AL 35242

If faxing your registration, **DO NOT** mail the original form, doing so may result in duplicate charges to your credit card! Should you have any questions regarding conference registration please call 877-437-8567.

Registration is not considered complete until payment is received. Advanced registration must be completed 7 days prior to the meeting date. After that, all registration will be on-site.