

NAADAC 2018

OCTOBER 5-9
HOUSTON, TEXAS

SHOOT FOR THE STARS

Pre-register now for best rates!

Registration Form

Fee Schedule

(please check category fee box)

Early Bird (ends 8/15)	Standard (ends 9/30)	Late/On-site (starts 10/1)
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PRE-CONFERENCE: OCTOBER 5

Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Organizational Member Staff*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Student/Military Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Student/Military Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

THREE-DAY CONFERENCE: OCTOBER 6-8

Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
Non-Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$600	<input type="checkbox"/> \$650
Organizational Member Staff*	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550
Student/Military Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
Student/Military Non-Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575

POST-CONFERENCE: OCTOBER 9

Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Organizational Member Staff*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275
Student/Military Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225
Student/Military Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

TWO-DAY SAP TRAINING: OCTOBER 9-10

Member	<input type="checkbox"/> \$407	<input type="checkbox"/> \$407	<input type="checkbox"/> \$407
Non-Member	<input type="checkbox"/> \$507	<input type="checkbox"/> \$507	<input type="checkbox"/> \$507
Organizational Member Staff*	<input type="checkbox"/> \$407	<input type="checkbox"/> \$407	<input type="checkbox"/> \$407

ONE DAY ONLY Please check day you will attend: Oct. 6 Oct. 7 Oct. 8

(Only good for one day. To attend two or more days, full conference registration is needed.)

Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Non-Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Organizational Member Staff*	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275

SPECIAL EVENT: OCTOBER 8 Space is limited; sign up early.

Movie Night	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE
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*For a complete list of NAADAC Organizational Members, visit www.naadac.org/orgmembersdirectory



44 Canal Center Plaza, Suite 301
Alexandria, VA 22314
P: 703.741.7686 F: 703.741.7698
E: naadac@naadac.org

Attendee Information (please print clearly)

- YES, I want to join NAADAC!** Please visit www.naadac.org/join or call 703.741.7686 to enroll.
- Please send me additional information about membership.
- This is my first NAADAC Training/Conference.**

NAADAC or INCASE Member #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Mobile: (____) _____ Email: _____

If you or an accompanying person require special accommodations to fully participate, please describe your needs: _____

Pre- and Post-Conference Sessions

PRE-CONFERENCE: OCTOBER 5

For Pre-Conference registration, please check one session to attend:

- Understanding Medication-Assisted Treatment in Recovery
- Basics of Addiction Counseling: Pharmacology of Psychoactive Substance Use Disorders
- Clinical Supervision: A Relational and Individualized Approach
- Telebehavioral Health Legal & Ethical Practices: Dos and Don'ts
- Wholehearted Journey to Ethics

POST-CONFERENCE: OCTOBER 9

For Post-Conference registration, please check one session to attend:

- Technology-Based Interventions: Exploring New Models of Care and Navigating New Ethical Dilemmas
- Integrating Treatment for Co-occurring Disorders: Myths, Realities and Effective Approaches to Care
- Recovery to Practice: Incorporating Recovery Principles in Your Practice

Payment Options (please print clearly)

Check payable to NAADAC for \$ _____

Please charge \$ _____ to my: Visa MasterCard AmEx

Name as appears on card _____

Credit card number _____ Exp. date _____

Signature _____

Prices determined by date of payment. Please send payment and form together.

Email form to naadac@naadac.org; fax to NAADAC at 703.741.7698 or mail to 44 Canal Center Plaza, Suite 301, Alexandria, VA 22314. Keep a copy for your records.

Conference refund policy: All cancellations received prior to September 1, 2018 will receive a 75% refund. Thereafter, no refunds are given.

Questions? Visit www.naadac.org/annualconference or call 703.741.7686.