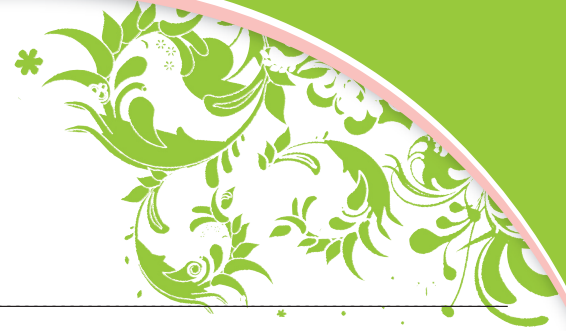


REGISTRATION FORM

Mail to: ASACB

Evergreen Place
1100 N. University Ave., Ste. 35
Little Rock, AR 72207



Complete and return this form with check or money order prior to March 26th to avoid the \$25.00 late fee.

Name: _____
Agency: _____
Address: _____
City, State, Zip: _____
Employer: _____
Daytime Phone Number: _____ Fax Number: _____
E-mail Address: _____

ASACB Awards Luncheon: NOTE: The deadline to request a banquet ticket or a table of tickets is Monday, March 4th. The Thursday awards banquet is included in the four day tuition fee. Are you attending the Awards banquet? Yes No

Fees: NOTE: Full-week attendance includes a ticket to the Awards Banquet and 24 hours of training. (Please check appropriate registration fee.)

- Early Registration - before 3-4-19.....\$175.00 4-Day Attendance
- Late Registration - after 3-4-19.....\$200.00 4-Day Attendance
- 1-Day Fee:\$50.00 (6 hours of training)
- Awards Luncheon Ticket:\$ 20.00 (Only charged when not attending the entire 4 days.)

Training Selection: (Please check appropriate box for the workshops you are attending.)

- Monday, March 11, 2019.....Arkansas' Fight Against Opiate Epidemic — Kirk Lane; Dr. Shona Ray-Griffith; Dr. Jessica Coker; Corey Hayes, PharmD, MPH
- Tuesday, March 12, 2019Treating Trauma in Treatment — Diane Bynum
- Wednesday, March 13, 2019.....Ethics — Robbie Cline
- Thursday, March 14, 2019Meaningful Mindness— Matt Knight

Payment Options: IMPORTANT NOTE: Registration deadline is Monday, March 4th. Registrations received after March 4th, will be charged the late registration fee of \$200.00. You may pay the early fee at registration provided you have registered.

- Return this form with check or money order.
- Total fees enclosed in the amount of \$_____.
- I will pay at registration time. Late fee applies if you have not registered prior to March 4th, 2019.
- Agency Purchase Order (NOTE: Upon Advanced Request, the ASACB will invoice your agency with your Purchase Order form.)

Sorry, no credit cards accepted for conference or banquet fees.

FOR OFFICE USE ONLY:

DATE: _____ PAYMENT: _____ CHECK #: _____
BANQUET: YES NO OTHER RECEIPT#: _____



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD



www.asacb.com