

## Fall Workshop Registration Form

### Arkansas Association of Alcohol and Drug Abuse Counselors

### Annual Fall Workshop/Hilton Garden Inn Jonesboro/ "AAADAC" Room Rate

**Monday October 5, 2014 to Thursday October 8, 2015**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN# \_\_\_\_\_ Gender: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Registration For Fall Workshop: Please check the days you plan to attend:**

Monday---"Motivational Interviewing" **6 CEU hours**- by Joseph Bankin

\_\_\_\_\$ 40.00 Member      \_\_\_\_\$ 50.00 Non- Member

Tuesday---"Trauma Informed Care" **6 CEU hours** – by Frank Vega, LFMT

\_\_\_\_\$ 40.00 Member      \_\_\_\_\$ 50.00 Non- Member

Wednesday---"Clinical Supervision - Domain I" **6 CEU hours** - by Dr. Rob Covington, AADC, CS

\_\_\_\_\$ 40.00 Member      \_\_\_\_\$ 50.00 Non- Member

**AAADAC Luncheon Awards Banquet (Hilton Garden Inn) I plan to attend: Circle one   YES   NO**

Thursday---"Co-Occurring Ethics" **6 CEU hours** - by Susan Kilman, LCSW, ADC, CS

\_\_\_\_\$ 40.00 Member      \_\_\_\_\$ 50.00 Non- Member

**Total Payment Enclosed   \$ \_\_\_\_\_ Member      \$ \_\_\_\_\_ Non Member**

**Mail Registration to:**

**AAADAC**

**P.O. BOX 45386**

**LITTLE ROCK, AR 72214**

**Questions? Please Contact Myriam Carter at**

**[myriam5164@sbcglobal.net](mailto:myriam5164@sbcglobal.net) or (501) 351-5164**