

2009 NEW ENGLAND SCHOOL OF ADDICTION STUDIES

Thank you for your recent application for the New England Summer School of Addiction Studies. In order for us to process your application, a deposit and complete payment information is needed. Please complete the following missing payment information and return to us immediately, to ensure processing of your application.

APPLICANT'S NAME: _____

PAYMENT INFORMATION REQUIRED FOR PROCESSING:

- I will pay the balance of my tuition by:
 - Mail At registration
- My agency will pay the balance: (One of the following is required.)
 - An agency purchase order
 - A letter from your agency authorizing us to bill for your tuition. (Please see reverse for standard form.)
- I have applied for a scholarship from _____ for \$_____. If I don't receive a scholarship:
 - Please withdraw my application.
 - I will pay my tuition.
 - My agency will pay my tuition.
 - My tuition will be paid by my agency and self. (Payment information below must be completed.)

METHOD OF PAYMENT: (SELF) If you will pay any portion of your balance:

- Participant responsible for \$_____ Full Payment of \$_____ enclosed.
- Deposit of \$_____ enclosed. I will pay balance of \$_____ by 6/1/09.

Participant Name: _____

Participant Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ E-mail: _____

Charge \$_____ to credit card: MasterCard Visa American Express

Credit Card Number:

Expiration Date:

Security Code: (3 digits on back of card):

Name on Credit Card _____

CC Holder's Billing Address: _____ Zip: _____

Card Holder's Signature: _____

PLEASE RETURN TO: NEIAS, 75 Stone St., AUGUSTA, ME 04330 FAX 207-621-2550
Unless a valid agency purchase order or letter of authorization is provided, you are personally responsible for the entire tuition by 6/1/09. Please note that all registrations, including those secured by purchase order or agency letter will be liable for the following cancellation and refund policy. All cancellations must be received in writing. Written cancellations may be faxed (207-621-2550) or e-mailed (neias@neias.org) by the following deadlines:

- May 15, 2009Full Refund
- May 22, 2009 before 4:30 p.m.\$500 cancellation fee
- From May 22, 2009 after 4:30 p.m.....\$500 cancellation fee

See reverse for Standard Agency Authorization Form.

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AGENCY AUTHORIZATION LETTER

APPLICANT'S NAME: _____

METHOD OF PAYMENT: (AGENCY) If the following section is filled out in its entirety, it will serve as an agency authorization letter:

- Agency responsible for \$_____ Deposit amount enclosed: \$_____
- Agency will pay the balance of \$_____ by 6/1/09.

Agency's Name: _____

Authorizer's Name: _____

Authorizer's Signature: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ E-mail: _____

Attached Purchase Order # _____ for \$ _____

Charge \$ _____ to credit card: MasterCard Visa American Express

Credit Card Number:

Expiration Date:

Security Code: (3 digits on back of card):

Name on Credit Card _____

CC Holder's Billing Address: _____ Zip: _____

Card Holder's Signature: _____

PLEASE RETURN TO: NEIAS, 75 Stone St., AUGUSTA, ME 04330 FAX 207-621-2550
Unless a valid agency purchase order or letter of authorization is provided, you are personally responsible for the entire tuition by 6/1/09. Please note that all registrations, including those secured by purchase order or agency letter will be liable for the following cancellation and refund policy. All cancellations must be received in writing. Written cancellations may be faxed (207-621-2550) or e-mailed (neias@neias.org) by the following deadlines:

- May 15, 2009Full Refund
- May 22, 2009 before 4:30 p.m.\$250 cancellation fee
- From May 22, 2009 after 4:30 p.m.....\$500 cancellation fee

Please copy this agency authorization letter onto company letterhead and return to NEIAS, 75 Stone St., Augusta, ME 04330; FAX 207-621-2550.