

**2010 NEW ENGLAND SCHOOL OF BEST PRACTICES IN ADDICTION TREATMENT**

Thank you for your recent application for the New England School of Best Practices in Addiction Treatment. 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 8/23/10.

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 8/23/10.** 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](mailto:neias@neias.org)) by the following deadlines:

- July 30, 2010, before 4:30 p.m.....Full Refund
- July 30, 2010, after 4:30 p.m. ....\$200 cancellation fee
- From July 31, 2010 after 4:30 p.m....\$300 cancellation fee plus Town Square lodging fees.

**See reverse for Standard Agency Authorization Form.**

2010 NEW ENGLAND SCHOOL OF ADDICTION STUDIES

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 8/23/10.

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: \_\_\_\_\_

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