

Application Instructions

Please print clearly in black ink, and fill out application form completely:

1. Select your course(s): Be sure to select a second choice for each time period, and indicate those course track numbers on the application as well. When choosing courses, refer to the detailed chart and course description on pages 8 - 14. Carefully review the course descriptions and prerequisites for your course choices.
2. Include your deposit: Include a deposit for \$200, plus Town Square housing fees. This can be in the form of: check, money order, credit card authorization, agency purchase order, or agency letter authorizing billing for your tuition. Checks are payable to NEIAS.
3. Include complete payment information: Indicate how you will pay your tuition by completely filling in the "Method of Payment" section on the application. Your application will be set aside until complete payment information and a deposit (a check or money order for \$200 plus Town Square fees) credit card authorization, or written billing authorization) is received. Unless a valid agency purchase order or letter of authorization is provided, you are personally responsible for the entire tuition.

SPECIAL NOTE TO AGENCIES PAYING ANY PART OF TUITION:

Please send one application per participant. Agency purchase orders or official letters of authorization will be honored but must include: the name(s) of persons registering, the amount(s) that will be paid, the name and phone number of the person authorizing billing, and a complete billing address.

Please note that registrations secured by purchase order or agency letter will be liable for a \$200 cancellation fee if written notice of cancellation is not received by 4:30 PM on August 10, 2007. A cancellation fee of \$250, plus Town Square lodging fees, will be assessed if written cancellation notice is not received by 4:30 PM on August 17, 2007.

4. If applying for a scholarship to cover a portion of your expenses: (Note: Most states provide only partial scholarships. You will be responsible for any remaining costs, payable in full, by August 20, 2007).
 - a. Requests and applications for scholarship assistance must be made directly with your state agency. Visit www.neias.org/BP/BP07.html, or contact the New England Institute at 207-621-2549 or neias@neias.org for instructions on your state agency scholarship application process.
 - b. In addition: Do not wait until you have been awarded a scholarship to apply to the school. (If the scholarship is not awarded and you choose not to attend, you may cancel your application until August 10, 2007 without penalty.) All cancellations must be received in writing.
5. Be sure to note your housing choice and follow important reservation instructions on pages 4 - 5. Double check your application to ensure that it is complete. You will receive written confirmation, directions, and other information in the mail about one week before the school.

Application Deadlines

July 20, 2007: If you require a Sign Language Interpreter or CART service

July 20, 2007: For scholarship supported applications

August 9, 2007: For all other participants

To Apply

Refer to directions on this page. Full payment, credit card authorization, an agency letter authorizing billing, or a purchase order must be received by the first day of the program on August 20, 2007. Applications received after the deadline of August 9 will be accepted on a space available basis.

Please complete the application form located on page 15 and mail or fax with payment to the address below. Online registration is also available.

New England Institute of Addiction Studies

75 Stone Street • Augusta, ME 04330

PHONE: 207-621-2549

FAX: 207-621-2550

TTY: 207-623-0830

E-MAIL: neias@neias.org

WEB SITE: www.neias.org

BEST PRACTICES WEB SITE: www.neias.org/BP/BP07.html

Cancellation

All cancellations must be received in writing at the New England Institute by the following deadlines. Written cancellations must be faxed (207-621-2550) or e-mailed (neias@neias.org).

- August 10, 2007 before 4:30 pm – Full Refund
- August 10, 2007 after 4:30 pm – \$200 cancellation fee
- From August 17, 2007 after 4:30 pm – \$300 cancellation fee, plus Town Square lodging fees

SPECIAL NOTE TO AGENCIES PAYING TUITION:

Registrations secured by purchase order or agency authorization letter will be liable for the cancellation and refund policy.

Refund Policy

Full tuition refunds will be issued if:

- A written cancellation letter is received in writing at the New England Institute before 4:30 pm, August 10, 2007.

Registration Substitution

The New England Institute accepts substitutions for participants who cannot attend the school. All substitutions must be received in writing by August 15, 2007. Written substitutions may be faxed (207-621-2550) or e-mailed (neias@neias.org). Please clearly state who is replacing whom. The substitute is required to send a completed Best Practices School application to the New England Institute at the time a written substitution is being submitted.

2007
REGISTRATION

August 20 - 23, 2007

Waterville Valley • New Hampshire

Send to: NEIAS, 75 Stone Street, Augusta, Maine 04330 • 207-621-2549 • FAX: 207-621-2550 • Or apply at www.neias.org/BP/BP07.html

DEADLINES: July 20, 2007 for ASL Interpreter Requests; July 20, 2007 for Scholarship Applicants; All Others: August 9, 2007

Mr. Ms. First _____ Middle _____ Last _____

Last 4 digits of Social Security Number

Date of Birth / /
Month Day Year

Please include both addresses and indicate which to use for correspondence. Home Business

HOME

Street _____

City _____

State _____ Zip _____

Phone () _____

Emergency Contact Name/Relationship **REQUIRED** _____

Emergency Phone **REQUIRED** () _____

WORK

Agency Name _____

Street _____

City _____

State _____ Zip _____

Phone () _____

Fax () _____

Email _____

ACCOMMODATIONS

I request the following accommodations:
(ASL interpreter, wheelchair accessibility, etc.)



TUITION COST FEES Tuition: \$ _____

4 Days: \$575 Housing due NEIAS: \$ _____

2 Days: \$295 Total due NEIAS: \$ _____

Optional Fee: \$95

(Special Clinical Supervision Recertification Workshop - See page 8 for details.)

ROOM REQUIREMENTS

I will not require lodging.

I am contacting Waterville Valley directly for reservations at the Snowy Owl Inn, Silver Fox Inn, Valley Inn, Black Bear Lodge, or Golden Eagle Lodge. (Reserve and pay the hotel directly.)

I wish to stay in a shared Town Square Condo with other participants. (Pay NEIAS directly.)

Single Bedroom (\$75/night) in shared Condo Double Bedroom* (\$60/night/person) in shared Condo
Town Square lodging is non-smoking.

* NEIAS will NOT match participants in double bedrooms. All housing is in single bedrooms, charged at the single rate.

For Town Square residents only:

I need a first floor bedroom for medical reasons.

Rommate * _____

COURSE SELECTION Enter the course number from the catalog.

	FIRST CHOICE	SECOND CHOICE
A - Mon		
B - Tues		
C - Weds		
D - Thurs		

ADVANCED COURSEWORK TARGET AUDIENCE VERIFICATION

I am a(n):

- Certified Alcohol & Drug Counselor, Social Worker, Mental Health Counselor, or Nurse.
- Clinician with 5 or more years of experience.
- Substance abuse program administrator or board member.

SCHOLARSHIP APPLICANTS

NOTE: This application is NOT a state scholarship application. To apply for a scholarship, download a scholarship application at www.neias.org/BP/BP07.html and follow your state's procedures.

I am sending a scholarship application to: (specify state agency)

TOTAL TUITION less ANTICIPATED SCHOLARSHIP = AMOUNT DUE BY 8/20/07 \$ _____

NOTE: The amount of scholarship assistance varies among states. You are personally responsible for unpaid amounts by 8/20/07.

If a scholarship is NOT awarded:

- 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. (Complete all payment information on left.)

METHOD OF PAYMENT:

DEPOSIT NOTE: A deposit of \$200, plus Town Square fees in the form of a credit card authorization, agency purchase order, or agency letter authorizing billing is due with application. If the deposit results in overpayment because of a scholarship award, you will be refunded.

Payment of \$ _____ enclosed. I will pay balance of \$ _____ by 8/20/07.

Please indicate how payment will be made:

Attached Purchase Order # _____ for \$ _____

Attached Letter Authorizing Agency Billing for \$ _____

Check or Money Order # _____ (Payable to NEIAS) for \$ _____

Credit Card Charge \$ _____ MasterCard Visa American Express
Credit Card Number _____

- - -

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

Name on Credit Card _____

CC Holder's Billing Address _____ ZIP _____

Authorized Signature _____

Please clip along the dotted line