NEW ENGLAND SCHOOL OF
BEST PRACTICES
IN ADDICTION TREATMENT
Advanced Clinical Coursework • Opioid Treatment Coursework

Advanced Clinical • Medication Assisted • Administrative Coursework

2009 New England School of Best Practices
REGISTRATION

September 14 - 17, 2009
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

DEADLINES: **August 3, 2009 for ASL Interpreter Requests; August 20, 2009 for Scholarship Applicants; All Others: August 27, 2009**

☐ 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 ( ) _____

Confirmation packets will be E-MAILED about one week before the school:

Email_____

Alternate Email_____

ACCOMMODATIONS

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

TUITION COST

☐ 4 Days: $595
☐ 3 Days: $449
☐ 2 Days: $299
☐ 1 Days: $150 (For One-Day Courses Only)

FEES Tuition: $_____
Housing due NEIAS: $_____
Total due NEIAS: $_____

COURSE SELECTION

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

Enter the course number from the catalog or web.

☐ Special Clinical Supervision Recertification Workshop $95 - See page 8.

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
I will be arriving: ☐ Sun., Sept. 13 and staying 4 nights ☐ Mon., Sept. 14 and staying 3 nights
Town Square lodging is non-smoking.

For Town Square residents only:
☐ I need a first floor bedroom for medical reasons.
☐ Roommate *_____

* NEIAS will NOT match participants without roommates in double bedrooms. All housing is in single bedrooms, charged at single rate.

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.

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 9/14/09.

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 _____

SCHOLARSHIP APPLICANTS

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

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

TOTAL TUITION less ANTICIPATED SCHOLARSHIP = AMOUNT DUE BY 9/14/09
$_____

NOTE: The amount of scholarship assistance varies among states. You are personally responsible for unpaid amounts by 9/14/09.

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 & self.
(Complete all payment information on left.)

Please clip along the dotted line