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

2010 New England School of Best Practices REGISTRATION

August 23 - 26, 2010
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: July 23, 2010 for ASL Interpreter Requests; July 23, 2010 for Scholarship Applicants; All Others: August 9, 2010

☒ Mr. ☒ Ms. First_____ Middle_____ Last_____

Last 4 digits of Social Security Number ☐☐☐☐ Date of Birth ☐☐/☐☐ Month Year

Agency Name_____

Address Is this address: ☐ Home ☐ Business

Street _____

City _____

State _____ Zip _____

Work Phone ( ) _____

Home Phone ( ) _____

Email _____

Alternate Email _____

Emergency Contact Name/Relationship REQUIRED_____

_____

___

Emergency Phone REQUIRED ( )_____

NOTE: CONFIRMATIONS WILL BE E-MAILED ONE WEEK BEFORE PROGRAM. To ensure proper delivery of our emails, add neias@neias.org, neias2@neias.org and neias3@neias.org to your address book, trusted sender list or company white list.

PAYMENT: (INCLUDING SCHOLARSHIP APPLICANTS)

$_____ $595 4 Days
$_____ $449 3 Days
$_____ $299 2 Days
$_____ $150 For One-Day Courses Only
$_____ $95 For Optional Clinical Supervision Class
$_____ $ Housing Due NEIAS
$_____ $50 Rush Fee (if on or after August 10, 2010)

$_____ TOTAL DUE

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.) This option is ONLY for those arriving Sun. Aug. 22 & staying 4 nights.
☐ Single Bedroom ($75/night) in shared Condo ☐ Double Bedroom* ($60/night/person)
For Town Square residents only:
☐ I need a first floor bedroom for medical reasons.
☐ Roommate *_____
*NEIAS will NOT match participants in double bedrooms, unless they have requested each other.

COURSE SELECTION

	FIRST CHOICE	SECOND CHOICE
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OMMODATIONS
equest the following accommodations:
interpreter, wheelchair accessibility, etc.)_____

METHOD OF PAYMENT:

Deposit Note: A deposit of $200 plus Town Square fees in the form of a credit card authorization, agency purchase order, a agency letter authorizing billing, check or money order is due with application. If the deposit results in overpayment due to a scholarship award, you will receive a refund.

Amount:
$_____ Attached Purchase Order #_____
$_____ Attached Letter Authorizing Agency Billing
$_____ Check or Money Order #_____ (Payable to NEIAS)
$_____ Credit Card Charge (Complete info. below)
$_____ TOTAL INCLUDED
$_____ TOTAL DUE BY 8/23/2010 (Tuition minus Total Included)
I will pay this balance.

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. The amount of scholarship assistance varies among states. You are personally responsible for unpaid amounts by 8/23/2010.
☐ I am sending a scholarship application to: _
(specify state agency) _____
TOTAL TUITION less ANTICIPATED SCHOLARSHIP =
AMOUNT DUE BY 8/23/2010 $_____

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.)

Credit Card Payment Information (*Required information)
*Type: Select One: ☐ MasterCard ☐ Visa ☐ American Express

*Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
*Expiration (MM/YY) ☐☐/☐☐
*Security Code ☐☐☐ (3 digits on back of card):
*Name on Credit Card_____
*CC Holder's Billing Address_____ZIP_____
*Authorized Signature_____