

Send to: NEIAS, 75 Stone Street, Augusta, Maine 04330 • 207-621-2549 • FAX: 207-621-2550 • Or apply at www.neias.org
DEADLINES: July 29, 2011 for ASL Interpreter Requests; July 29, 2011 for Scholarship Applicants; All Others: August 26, 2011

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 () _____

Cell Phone: () _____

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) Room Requirements:

- \$ _____ \$595 4 Days
- \$ _____ \$449 3 Days
- \$ _____ \$299 2 Days
- \$ _____ \$150 For One-Day Courses Only
- \$ _____ \$50 DOT/SAP Additional Fee (Materials/Consult)
- \$ _____ \$95 Optional Clinical Supervision Class
- \$ _____ \$ Housing Due NEIAS
- \$ _____ \$50 Rush Fee (if on or after September 2, 2011)
- \$ _____ TOTAL DUE

- 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. Sept. 11 & staying 4 nights. For Town Square residents only:
 - Single Bedroom (\$75/night) in shared Condo
 - Double Bedroom* (\$60/night/person)
 - I need a first floor bedroom for medical reasons.
 - Roommate * _____

NEIAS will NOT match participants in double bedrooms, unless they requested each other.

COURSE SELECTION FIRST CHOICE SECOND CHOICE

A - Mon		
B - Tues		
C - Weds		
D - Thurs		



ACCOMMODATIONS

- I request the following accommodations: (ASL interpreter, wheelchair accessibility, food allergies, 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 9/12/2011 (Tuition minus Total Included)
 I will pay this balance.

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 _____

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 9/12/2011.

I am sending a scholarship application to: (specify state agency) _____
 TOTAL TUITION less ANTICIPATED SCHOLARSHIP = AMOUNT DUE BY 9/12/2011 \$ _____

- 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.)