

2009 Prevention Summit Registration Form {Non-Chaperone Adult}

Note: Please type directly in fields, save, print and fax or mail to CASAT.

First Name _____ **Last Name** _____
(This name will appear on your name badge and certificate)

Title _____

Agency/Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Telephone (____) _____ **Fax**(____) _____

E-mail _____
(Confirmation will be emailed to this address)

Special Accommodations _____

(i.e., vegetarian meals, accessibility for people with disabilities, other needs)

Please complete the following information:

Race: *(Check all that apply)*

- White/European American
- African American/Black
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native
- Multiracial
- Asian/Asian American
- Other _____

Ethnicity:

- Hispanic
- Non-Hispanic

Gender:

- Male
- Female

Age:

- 19-25
- 26-55
- 56-65
- 65+

Indicate T-Shirt Size:

- S
- M
- L
- XL
- 2XL
- 3XL
- 4XL

Employer:

- Non-profit Organization
- Mentoring Organization
- Community Org/Coalition
- Private Company
- School/ESD
- Law Enforcement
- Youth Serving
- County Government
- Research/ Evaluation
- State/Public Agency (Specify in other)
- Tribe
- Other _____

How many times have you attended the Prevention Summit?

- First Time
- 2-4
- 5-7
- 8-9
- 10 or more

How did you hear about the conference? *(Check all that apply)*

- Save the Date
- Referral
- DBHR Website
- E-mail
- CASAT Website
- Other _____

Do you plan to attend the Prevention Professionals Networking Reception on Thursday Evening (Oct 29)?

- Yes
- No

Do you want to receive E-Briefs Prevention Newsletter?

- Yes
- No

How would you like to receive information in the future?

- E-mail
- Postal Mail
- None



**October 30&31, 2009
 Yakima Convention Center**

Payment Options:

FAX completed registration form with credit card or purchase order to:
 775.784.1840 – Attn: Carolyn Bentley

MAIL completed registration form with credit card, purchase order or check to:

CASAT/MS 279
 Attn: Carolyn Bentley
 University of Nevada, Reno
 Reno, NV 89557

CASAT Hours

8 am – 5 pm Monday – Friday
 Toll-free: 877.922.6635

Email:

contactus@preventionsummit.org

Website:

www.preventionsummit.org



Registration Rates

Fee includes adult reception on Thur. evening; breakfast & lunch Fri. & Sat; dinner on Fri.

Non-Chaperone Adult Rates

- Early Registration (until midnight on Oct. 1, 2009) \$125
- Regular Registration (beginning Oct. 2, 2009) \$150

Cancellation Policy:

If you are unable to attend the conference, please send a written cancellation notice to CASAT (contact info in box above) no later than Oct. 9, 2009 for a full refund. If your cancellation notice is received after Oct. 9, 2009 a refund will not be possible. Thank You.

- Please check that you have read and understand the cancellation policy**

Payment Options

- Purchase order enclosed PO# _____
- Check payable to the Board of Regents enclosed
CASAT's Tax ID # 886000024
- Coupon Code (if applicable) _____
- Credit Card: Master Card VISA
 Discover American Express

Card No. _____

Card Code _____

Exp. Date _____ Amount _____

Print name here _____

Signature _____

If agency is paying, tax ID# _____

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Note: Please submit this form along with your registration form.

PHOTOGRAPHY/VIDEO RELEASE

For the purpose of providing information, photographs and/or videos for publications and other marketing developed by the Department of Social and Health Services - Health Recovery Services Administration Division of Behavioral Health and Recovery (DBHR) [formerly Division of Alcohol and Substance Abuse (DASA)]. DSHS/HRSA/DBHR and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns and/or its partners and funding sources, to promote education about drug abuse prevention and recovery.

I authorize the DSHS/HRSA/DBHR to release information about my participation in the Washington Prevention Summit for publishing by the Washington State Department of Social and Health Services DSHS/HRSA/DBHR and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I also authorize the use of my photograph and participation in a video. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records.

If you DO NOT want photographs or videotaped images to be used, please mark here.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with DSHS/HRSA/DBHR and Prevention Summit co-sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I sign it freely and voluntarily.

Date: _____

Adult Participant (Please print)

Adult Participant Signature