

REGISTRATION FORM

Click the CASAT Logo to Register online 

PLEASE SUBMIT A SEPARATE REGISTRATION FORM FOR EACH WORKSHOP AND TYPE OR PRINT CLEARLY

Registrant Information

First Name _____ MI _____ Last Name _____
(This name will appear on your certificate. No personal credentials will appear on certificates.)

Street Address _____ Apt/Suite # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Fax _____ E-mail _____

Organization _____

Primary Field: Prevention Treatment Other _____

How did you hear about us _____

Which State do you currently work in _____

In-Person Workshops:

Workshop Title _____

Workshop Date _____ Workshop City: Reno Las Vegas

Registered LADC/CADC Counselor Intern ONLY \$25
Intern # _____

Student (6 credits or above) **Student ID Required** \$25

SAPTA Funded Lic/Cert Alcohol & Drug Counselor \$35

SAPTA/Federally Funded Prevention Staff \$35

Lic/Cert Alcohol & Drug Counselor \$60

Other Licensed Professionals \$65

Social Worker \$65

Others \$70

Half day workshops **Half Price**

Two-day workshops **\$X2**

Retired **\$25**

Videos

Workshop Title: _____

Workshop Type: DVD VHS

1 - 3 CEhs VHS/DVD Rental \$30 + \$25 Dep

4 - 5 CEhs VHS/DVD Rental \$50 + \$25 Dep

6 - 7 CEhs VHS/DVD Rental \$75 + \$25 Dep

VHS/DVD Purchase (No Cert) \$150

VHS/DVD (Add'l cert only) \$20

Payment Information

Registration Fee Total \$ _____

Handouts available for purchase the day of the training for \$3.00

Check (Please make checks payable to the **Board of Regents**)

Credit Card: MasterCard Visa Discover American Express

Card Number _____

Security Code (3-digits on back/4 digits of front for American Express) _____

Expiration Date _____ Billing Zip Code _____

Signature as it appears on card _____

Mail to: CASAT/UNR - Attn: SAPTA Training
Mail Stop 279
Reno, NV 89557

Fax To: 1.775.784.1840

Questions? Call us Toll-Free: 1.866.617.2818