# Summer Institute
## for Addiction and Prevention Studies

*August 2 – 6, 2004 • Las Vegas • Nevada*

## Registration Form - New Model Program Rate

(Please type or print clearly. Duplicate form as needed.)

Name_____
First Last *(This name will appear on your certificate.)*

Organization_____

Address_____
Street City State Zip

Phone (Work) _____ Fax_____ E-Mail_____

### Institute Selection

❑ **PART I:** Aug 2 – 4 (Mon–Wed) $2^1/_2$ days
*can be combined with Part II*

Select one track:

- ❑ Substance Abuse and the Family
- ❑ Addiction Educators
- ❑ Problem Gambling I
- ❑ Prevention I
- ❑ Employee Assistance Program I

❑ **PART II:** Aug 4 – 6 (Wed–Fri) $2^1/_2$ days
*can be combined with Part I*

Select one track:

- ❑ Issues in Addiction Treatment for Practitioners
- ❑ Recovery Issues
- ❑ Problem Gambling II
- ❑ Prevention II
- ❑ Employee Assistance Program II

❑ **Model Programs:**

- ❑ Cmty Trials to Reduce High Risk Drinking: (Wed) 1 day
*can be combined with Part I and/or Challenging College Alcohol Abuse*
- ❑ Challenging College Alcohol Abuse: (Thurs–Fri) $1^1/_2$ days
*can be combined with Part I and/or Cmty Trials*

### Registration Rates

**Check only one registration rate**
**(add late fee after July 16)**

| | | | |
|---|---|---|---|
| ❑ | $205.00 | Part I **or** Part II<br>*$2^1/_2$ days* | Mon–Wed or Wed–Fri<br>*17.5 CEHs* |
| ❑ | $310.00 | Parts I & II<br>*$4^1/_2$ days* | Mon–Fri<br>*31.5 CEHs* |

**New, Lower Rate for Model Programs!**

| | | | |
|---|---|---|---|
| ❑ | **$ 55.00** | **Cmty Trials**<br>***1 day*** | **Wed**<br>***7 CEHs*** |
| ❑ | **$ 65.00** | **Challenging College**<br>***$1^1/_2$ days*** | **Thur–Fri**<br>***10.5 CEHs*** |

***BADA funded prevention or treatment staff***

| | | | |
|---|---|---|---|
| ❑ | $110.00 | Part I or Part II | M–W or W–F |
| ❑ | $185.00 | Parts I & II | M–F |
| ❑ | **$ 55.00** | **Cmty Trials** | **W** |
| ❑ | **$ 65.00** | **Challenging College** | **Th-F** |

❑ $25.00 Late fee after July 16

$_____ Total fee

Registration fee includes: Continental breakfast (Mon and Wed)
Refreshment breaks (Mon–Fri)

### Completed Registration

MAIL completed registration form with payment to:
SI 2004
CASAT/MS 279
University of Nevada, Reno
Reno, NV 89557

FAX with credit card or purchase order to: 775.784.1840

Phone: 775.784.4707

Toll free: 1.866.617.2818

Office Hours: 8:00 AM – 5:00 PM Pacific Time, Mon-Fri

| | |
|---|---|
| ***Hotel registration deadline*** | ***June 29*** |
| ***Registration deadline*** | ***July 16*** |

### Payment

- ❑ Purchase order is enclosed.
- ❑ Check payable to the *Board of Regents*
- ❑ Credit Card: ❑ Master Card ❑ VISA ❑ American Express ❑ Discover

Card No. _____

Exp. Date _____ Amount _____

Signature _____
Signature as it appears on your card

If agency is paying, tax ID #_____