

Registration

Workshop Information

Please type or print clearly.

Workshop Title _____

Workshop Date _____ Workshop City _____

In Person Online Videotape CD-Rom

Registrant Information

Name of Registrant _____

This name will appear on your certificate.

Organization _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Fax _____
Area code Area code

Work phone _____ E-mail _____
Area code Required for online courses

Primary field Prevention Treatment Other

Payment Information

Registration Fee \$ _____

<input type="checkbox"/> Registered counselor intern	\$25	<input type="checkbox"/> Online	\$40
<input type="checkbox"/> Student (6 credits or above)	\$25	<input type="checkbox"/> Videotape +\$25 refundable deposit	\$75
<input type="checkbox"/> bada funded lic/cert Alcohol & Drug Counselor	\$35	<input type="checkbox"/> Videotape (Add'l cert only)	\$20
<input type="checkbox"/> bada/federally funded prevention staff	\$35	<input type="checkbox"/> cd-rom (Purchase disk &1 cert)	\$50
<input type="checkbox"/> Lic/cert Alcohol & Drug Counselor	\$60	<input type="checkbox"/> cd-rom (Purchase disk no cert)	\$30
<input type="checkbox"/> Other licensed professionals	\$65	<input type="checkbox"/> cd-rom (Add'l cert only)	\$20
<input type="checkbox"/> Others	\$70		

Please charge my: MasterCard VISA
 Discover American Express

Card No. _____

Expiration Date _____ Signature as it appears on your card _____

Make checks payable to Board of Regents.

Mail or fax your registration to:

casat/279

University of Nevada, Reno

Reno, NV 89557-0204

Toll free: 866.617.2818

Phone: 775.784.4707

Fax: 775.784.1840

Please submit a separate registration form for each workshop. Please duplicate as needed.