

# NON-MEMBER MEETING REGISTRATION

Name: \_\_\_\_\_ Affiliation: Other \_\_\_\_\_

Title: \_\_\_\_\_ Department/Division \_\_\_\_\_  
Please type or print Circle one

Agency/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Special Meal Request: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REGISTRATION FEE: \$500.00**

**CUT-OFF DATE for Registration is  
FRIDAY, May 8<sup>th</sup>, 2015**

**Please register onsite after this date!**

<b>AMOUNT ENCLOSED:</b>	
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**NO CREDIT CARDS PLEASE.**

**Please make checks payable to NASADAD**

**MAIL:** NASADAD 2015 Annual Meeting  
1025 Connecticut Avenue, NW  
Suite 605  
Washington, DC 20036

**FAX:** 202 293-1250 (Purchase Orders)

This form may be copied. Please enclose your P.O. or payment by check with your completed registration form. Registration includes admission to the Exhibit Hall, Meeting Sessions (unless noted), and Exhibitors Reception held by NASADAD/NPN/NTN/WSN during the Annual Meeting and all handouts available at the meeting. **Cancellation Policy:** Please notify **Fachon Simpson/202-293-0090 x 4867** [fsimpson@nasadad.org](mailto:fsimpson@nasadad.org) by **Friday, May 8<sup>th</sup>, 2015**, if you must cancel your registration. Exhibit/Meeting Information and forms can be downloaded from our website: [www.nasadad.org](http://www.nasadad.org).

**Special Needs:** The National Association of State Alcohol and Drug Abuse Directors, Inc., NASADAD/NPN/NTNWSN is committed to making their activities accessible to persons with disabilities or special needs. If you anticipate a need for services, please notify NASADAD at least 4 weeks in advance of the meeting.