

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 13th, 2016
Please register onsite after this date!**

AMOUNT ENCLOSED:
NO CREDIT CARDS PLEASE.

Please make checks payable to NASADAD

MAIL: NASADAD 2016 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 Exhibits and Meeting Sessions (unless noted), 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 by **Friday, May 13th, 2016**, if you must cancel your registration. Exhibit/Meeting Information can be downloaded from our website: www.nasadad.org.

Special Needs: The National Association of State Alcohol and Drug Abuse Directors, Inc., NASADAD/NPN/NTN/WSN 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.