

NASADAD MEMBER MEETING REGISTRATION

Name: _____ Affiliation: **STATE DIRECTOR**

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: _____

NASADAD will make your hotel reservation based on your:
ARRIVAL DATE: _____ DEPARTURE DATE: _____

REGISTRATION FEE: \$500.00
CUT-OFF DATE for Registration is
FRIDAY, April 14, 2017
Please register onsite after this date!

AMOUNT ENCLOSED: _____

Please make checks payable to NASADAD

MAIL: NASADAD 2017 Annual Meeting
1025 Connecticut Avenue, NW
Suite 605
Washington, DC 20036
New Address after Feb 1, 2017
1919 Pennsylvania Ave, NW
Mezzanine level
Washington, DC 20006

WE ARE UNABLE TO ACCEPT CREDIT CARDS.

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, April 14, 2017** 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.