

## NTN MEMBER MEETING REGISTRATION

Name: \_\_\_\_\_ Affiliation: **NATIONAL TREATMENT NETWORK**

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](mailto:fsimpson@nasadad.org) or **Marcia Trick/202-293-0090 x 4872** by **Friday, April 14, 2017** if you must cancel your registration. Exhibit/Meeting Information 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/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.