CSAT ANNUAL MEETING REGISTRATION

Name: ________________________________  Affiliation:  
Title: ________________________________  
Department/Division ________________________________  
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: ___________________________  

Please make checks payable to NASADAD  
MAIL: 2019 CSAT Annual Meeting  
1919 Pennsylvania Ave, NW  
Suite M-250  
Washington, DC  20006  
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 during the Annual Meeting and all handouts available at the meeting. Cancellation Policy: Please notify Fachon Simpson at 202-292-4867/fsimpson@nasadad.org by Friday, April 26, 2019 if you must cancel your registration.

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