

MEETING REGISTRATION

Name: _____ Affiliation: State/Territorial
 Non-Member
 Other: _____

Title: _____

Department/Division _____

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, April 26, 2019**
Please register onsite after this date!

AMOUNT ENCLOSED:

Please make checks payable to NASADAD

MAIL: 2019 NASADAD Annual Meeting
1919 Pennsylvania Ave, NW
Suite M-250
Washington, DC 20006

FAX: 202 293-1250 (Purchase Orders)

WE ARE UNABLE TO ACCEPT CREDIT CARDS.

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.