

NCADD 2009 CONFERENCE OF AFFILIATES
The Science of Prevention
 October 21-24, 2009
 Arlington, VA

ONLINE REGISTRATION

Please include the name of any companion who will be attending the conference. The registration fee includes all meal functions.

Tickets for the Friday Luncheon only (**without registration**) are \$75 before 9/1; \$100 after 9/1.

Name: _____

Title: _____

Affiliate/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) - ____ - _____ Fax: (____) - ____ - _____

E-Mail: _____

CONFERENCE REGISTRATION:	BEFORE 9/1	AFTER 9/1	# ATTENDING	TOTAL
Conference (includes Luncheon)	\$175	\$225	_____	\$ _____
Luncheon only	\$ 75	\$100	_____	\$ _____
			Total enclosed	\$ _____

Check One: ___ VISA ___ MasterCard ___ American Express

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Cardholder Name: _____

Early Registration Deadline: September 1, 2009