

**REGISTRATION FORM**  
**Opioid Addiction and the Family**

Please Print Clearly

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\$90.00 EARLY BIRD SPECIAL** Payment must be postmarked by 08/15/16

**\$100.00 REGISTRATION** - Payment must be postmarked by 09/19/16

*Registration Fee entitles a participant to the Continental Breakfast, Lunch, and refreshments at both the morning and afternoon break.*

Payment Method

Check Enclosed

Credit Card Information Below

Circle Credit Card Type VISA / MC / DISCOVER

Card #: \_\_\_\_\_

Expiration MM/YY: \_\_\_\_\_ CSV Code: \_\_\_\_\_ (3 digits on back)

Dietary Restrictions: Please list any allergies / restrictions .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This training is intended to provide 6 CEUs for Social Workers, Marriage and Family Therapists and Licensed Professional Counselors. State Board Approval Pending.*

*Additional Registration Forms can be downloaded via our website at [www.coginc.org](http://www.coginc.org)*