

Addiction Studies Institute Registration Form

July 25-27, 2018 • Early Registration Ended • Registration Closes: July 17, 2018
(Please **print** or **type**, copy form as needed, complete 1 form for each registrant)

On-Site Registration Rate

- \$375 Full Conference
(7/25-7/27, 3 days)
- \$300 7/25 & 7/26
- \$300 7/25 & 7/27
- \$300 7/26 & 7/27
- \$200 7/25
- \$200 7/26
- \$200 7/27

P1 - Lunch With The Expert (7/26)

- \$28 Served Lunch
(Lunch Fee Is Required To Attend)
* Call 614-273-1400 for dietary requests

P2 - Friday Lunch Session (7/27)

- (No Charge to Attend, Lunch Not Served)

Student Rate

- \$199 Full Conference
(7/25-7/27, 3 days)

The student fee is available only for full-time students in either undergraduate and graduate levels. Students must submit a copy of their schedule and student ID with their registration form and payment. Students should mail or fax registration materials to:

Garrison & Associates, Inc.
4920 Reed Rd, Suite B,
Columbus, OH 43220
fax 614-273-1401

OSU Employees Rate

- \$199 Full Conference
(7/25-7/27, 3 days)

Full-time employees of The Ohio State University may take advantage of the discounted rate by submitted a letter from their supervisor stating their full-time employment status along with their registration form. OSU employees should mail or fax registration materials to:

Garrison & Associate, Inc.
4920 Reed Rd., Suite B
Columbus, OH 43220
fax 614-273-1401

* Required to Process

*First Name

*Last Name

*Email Address (Required)

*Company/Employer

*Mailing Address

*City

*State

*Zip Code

*Daytime Phone

Mobile Phone

*Ohio County (If Applicable)

*Is this your first time attending ASI? Yes No

*Continuing Education Credit Requested (Check All That Apply)

- Chemical Dependency/Prevention
- Licensed Professional Counselor
- Licensed Teacher
- Marriage & Family Therapist
- Nursing
- Ohio Psychological
- Social Work
- Certificate of Attendance
- Changing Offender Behavior (COB)
- None



ADA Special Services Required

- Submit requests in writing by 7/17/2018

Concurrent Session Selection (Required For Processing)

	1st Choice	2nd Choice	3rd Choice
Session A (7/25)	_____	_____	_____
Session B (7/26)	_____	_____	_____
Session C (7/26)	_____	_____	_____
Session D (7/27)	_____	_____	_____
Session E (7/27)	_____	_____	_____

Method of Payment (Please Print Clearly)

- Personal Check Company Check Purchase Order—Fax a copy of PO to 614-273-1401

Check # _____

PO# _____

Credit card payment **must** be through the online registration system: addictionstudiesinstitute.com

Please make checks payable to: **Garrison and Associates, Inc.** and mail with registration form to :
Addiction Studies Institute, c/o Garrison and Associates, Inc., 4920 Reed Rd., Suite B, Columbus, OH 43220

*Cancellation Policy can be found on the website at www.addictionstudiesinstitute.com

Registration for the Addiction Studies Institute (ASI) implies consent that The Ohio State University and Garrison and Associates, Inc. my use any pictures taken during ASI, which may include your likeness without remuneration.

Total Amount Submitted
\$