

# Problem Gambling and Health Awareness Conference FOUR DIRECTIONS

## REGISTRATION FORM

Register online at [www.evergreencpg.org](http://www.evergreencpg.org) | DEADLINE IS SEPTEMBER 6, 2016

### REGISTRANT INFORMATION

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
 Position / Title: \_\_\_\_\_ Agency / Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_  
 Day phone: \_\_\_\_\_ Cell/Alternate phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### REGISTRATION OPTIONS

*All amounts shown in US Dollars*

	EARLY BIRD ECPG MEMBER Before –August 25–	EARLY BIRD NON-MEMBER Before –August 25–	ECPG MEMBER After –August 25–	NON-MEMBER After –August 25–	STUDENT	ON-SITE (FOR ALL) After –September 6–
<b>FOUR DIRECTIONS</b> Four-Day Conference <input type="checkbox"/> (September 12-15)	\$300	\$350	\$330	\$385	\$250	\$395
<b>FOUR DIRECTIONS</b> Two consecutive days option (choose dates below; NO 1-day option!) <input type="checkbox"/> Sep 12-13 <input type="checkbox"/> Sep 13-14 <input type="checkbox"/> Sep 14-15	\$150	\$175	\$185	\$225	\$125	\$250
<b>Culture Night:</b> House of Awakened Culture Total attending: _____ Conference attendees + _____ Guests (no charge)						

**TOTAL AMOUNT ENCLOSED:**

How did you hear about this conference?

Brochure mailing     Referral     Search Engine  
 ECPG Website     Email     Other \_\_\_\_\_

**YES! I'D LIKE TO BECOME A MEMBER OF ECPG AND SAVE ON MY REGISTRATION! (see last page for membership form)**

- **CANCELLATION POLICY:** Refunds will be issued, less a \$35 administrative fee, if received in writing by **September 6, 2016**. Refunds will not be issued after that date.
- Students must provide proof of current enrollment.
- To become an ECPG member, fill out the application on the Special Membership Offer page or visit [www.evergreencpg.org/Membership](http://www.evergreencpg.org/Membership).

### DIETARY RESTRICTIONS and/or DISABILITIES

I have the following dietary restrictions:  Gluten-Free     Lactose-Intolerant     Peanut Allergy     Sugar-Free     Vegan     Vegetarian  
 I require the following under the Americans with Disabilities Act: \_\_\_\_\_

### METHOD OF PAYMENT

\_\_\_ Visa®    \_\_\_ MasterCard®    \_\_\_ Money Order    Credit Card #: \_\_\_\_\_  
 Check # (US dollars only): \_\_\_\_\_    Expiration Date: \_\_\_\_\_    CSC #: \_\_\_\_\_  
*Make checks payable to Evergreen Council on Problem Gambling*    (3 digits on back of credit card)  
 Name on check: \_\_\_\_\_    Signature: \_\_\_\_\_  
 (if different from registrant)

### MAIL, EMAIL, FAX, OR DROP OFF THIS FORM WITH PAYMENT TO:

**Evergreen Council on Problem Gambling**  
 1801 Fourth Avenue East | Olympia, WA 98506  
 P: 360.352.6133 | F: 360.352.4133 | [info@evergreencpg.org](mailto:info@evergreencpg.org)

