

Problem Gambling and Health Awareness Conference

FOUR DIRECTIONS

REGISTRATION FORM

Register online at www.evergreencpg.org | DEADLINE IS OCTOBER 20, 2017

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 -October 8-	EARLY BIRD NON-MEMBER Before -October 8-	ECPG MEMBER After -October 8-	NON-MEMBER After -October 8-	COLLEGE STUDENT	YOUTH Ages 9-19	ON-SITE (FOR ALL) After -October 20-
FOUR DIRECTIONS Four-Day Conference <input type="checkbox"/> (October 29 - November 1)	\$300	\$350	\$330	\$385	\$250	\$200	\$395
FOUR DIRECTIONS Two consecutive days option (<i>choose dates below; NO 1-day option!</i>) <input type="checkbox"/> Oct 29-30 <input type="checkbox"/> Oct 31-Nov 1	\$150	\$175	\$185	\$225	\$125	\$100	\$250
Introductory Training in Problem and Disordered Gambling <input type="checkbox"/> (Oct 29 - Nov 1)	\$270	\$320	\$300	\$350	\$220	n/a	\$395

Guest Meals (Breakfast and Lunch): _____ Adults @ \$50/day = \$ _____ Children (12 and under) @ \$35/day = \$ _____

Community Event (included in registration fee, RSVP required):

Guests - Community Event (RSVP required): _____ Adults @ \$39 = \$ _____ Children (12 and under) @ \$29 = \$ _____

TOTAL AMOUNT ENCLOSED:

US \$

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 **October 23, 2017**. 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.

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
 1821 Fourth Avenue East | Olympia, WA 98506
 P: 360.352.6133 | F: 360.352.4133 | info@evergreencpg.org

