

Problem Gambling and Health Awareness Conference

FOUR DIRECTIONS

REGISTRATION FORM

Register online at www.evergreencpg.org | DEADLINE IS SEPTEMBER 21, 2018

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 –September 3–	EARLY BIRD NON-MEMBER Before –September 3–	ECPG MEMBER After –September 3–	NON-MEMBER After –September 3–	COLLEGE STUDENT	ON-SITE (FOR ALL) After –September 21–
FOUR DIRECTIONS Four-Day Full Conference (includes Community Event) <input type="checkbox"/> (October 1-4)	\$275	\$295	\$295	\$335	\$195	\$375
FOUR DIRECTIONS Two-Day Pre-conference Workshops <input type="checkbox"/> (October 1-2) <input type="checkbox"/> RCA Ethics	\$95	\$115	\$95	\$115	\$80	\$135
FOUR DIRECTIONS Two-Day Main Conference (includes Community Event) <input type="checkbox"/> (October 3-4)	\$180	\$195	\$195	\$230	\$125	\$250
FOUR DIRECTIONS One-Day Option <input type="checkbox"/> Oct 2 <input type="checkbox"/> Oct 2 <input type="checkbox"/> Oct 3 <input type="checkbox"/> Oct 4	\$75	\$90	\$85	\$100	\$75	\$110

Guest Meals (Breakfast and Lunch): _____ Adults @ \$50/day = \$ _____ Children (8-12 years of age*) @ \$35/day = \$ _____

Community Dinner Event (included in registration fee for Full and Main Conference, RSVP required): yes, I will attend no, I will not attend

Guests - Community Event (RSVP required): _____ Adults @ \$39 = \$ _____ Children (8-12 years of age*) @ \$29 = \$ _____

*We are unable to accommodate children younger than 8 years old.

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 reverse for membership form)

- **CANCELLATION POLICY:** Refunds will be issued, less a \$35 administrative fee, if received in writing by **September 23, 2018**. 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

