

# Addressing Challenging Behaviors—Registration

Please complete one form per person. Duplicate as needed or register online at [www.yournacm.com](http://www.yournacm.com).

Name \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Registration confirmation will be sent via e-mail only. Please print clearly.

What type of Continuing Education Unit credit do you wish to earn?

- Addiction Counseling     APA     CPRP  
 General Audience     Social Work

How did you hear about this seminar?

- E-mail     Website     Mail     Word-of-mouth

Any special needs or dietary restrictions?  
 \_\_\_\_\_  
 \_\_\_\_\_

- NACM sends registration confirmations via e-mail to registrants who provide a legible, accurate e-mail address. This e-mail serves as receipt of registration.
- On-site registration will be available as space allows.
- The seminar fee includes a light breakfast.
- A complete list of NACM's Regional Policies can be found at [www.yournacm.com](http://www.yournacm.com).

## Registration Information

**Payment Policy** — Checks (payable to NACM), Visa, MasterCard, Discover, and American Express are welcome. If paying with a credit card, include the billing address in the **Payment/Billing Information** box.

**Online Registration** — [www.yournacm.com](http://www.yournacm.com)

**Mail Registration to** — **NACM**  
 ATTN: Jean Barton  
 1645 'N' Street  
 Lincoln, NE 68508

**Fax Registration** — (402) 441-4335 (credit card payments)

**Cancellation Policy** — Cancellations will only be considered when received in writing. For the full cancellation policy, visit [www.yournacm.com](http://www.yournacm.com).

## ADDRESSING CHALLENGING BEHAVIORS— REGIONAL SEMINAR

	Early Registration Before April 16, 2018	Regular Registration After April 16, 2018
<b>Member</b>	<input type="checkbox"/> \$49	<input type="checkbox"/> \$59
<b>Non-Member*</b>	<input type="checkbox"/> \$79	<input type="checkbox"/> \$89

\*Includes NACM membership.

**Payment/Billing Information** **Total Amount Submitted** \$ \_\_\_\_\_

**Check #** \_\_\_\_\_ -or-  **Credit Card:**     Visa     MasterCard     Discover     American Express

Credit Card # \_\_\_\_\_ 3-digit verification code \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

