

**REGISTRATION FORM**

**Please complete and return with payment to the address listed below.**

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Professional Information**

Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Badge # \_\_\_\_\_ Work Phone \_\_\_\_\_

This training includes a light breakfast and lunch.

**Dietary Restrictions:**    Gluten Free    Vegan    Allergy \_\_\_\_\_    Other \_\_\_\_\_

**Method of Payment**

The fee for this training is \$1000 for the first person from a department, \$750 for the second person, and \$500 for each additional person. Final payment is due one week prior to attendance. Attendees of the basic training certificate program are encouraged to attend; however, this is not a prerequisite.

- Check enclosed                      Amount: \$ \_\_\_\_\_
- Visa/MasterCard/AMEX              Amount: \$ \_\_\_\_\_
- Purchase Order No. \_\_\_\_\_      Amount: \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_  
Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**  
Rutgers, The State University of New Jersey

**FAX TO:** 732-445-3500

**MAIL TO:**  
Education and Training  
Center of Alcohol Studies  
607 Allison Road, Piscataway, NJ 08854-8001