

ADDICTION & FAITH CONFERENCE

DIRECT REGISTRATION

Title _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Cell phone _____ Work Phone _____

Religious Affiliation _____ Clergy? Yes No

Company/Church Name _____

Dietary Restrictions? _____

Special Needs? _____

How did you hear about this conference? _____

Do you attend other addiction conferences? Yes No Do you refer people to treatment? Yes No

Will you refer someone to treatment in the next six months? Yes No

ENCLOSE A CHECK FOR \$300 PAYABLE TO ADDICTION & FAITH CONFERENCE AND MAIL TO:

The Addiction & Faith Conference
C/o Transfiguration Lutheran Church
11000 France Avenue South
Bloomington, MN. 55431

HOTEL ACCOMMODATIONS MADE SEPARATELY FROM OUR WEBSITE: www.addictionandfaithconference.com