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| **Personal Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | |  | | | | | | | | | | | | | | First Name | | | | |  | | | | | | | | | | M.I. | |  |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | State | | | |  | | | Zip Code | | |  | | | |
| Home Phone | | | | | | |  | | | | | | | | | | | | | | | | Cell Phone | | | | |  | | | | | | | | | |
| E-mail (required) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T-Shirt Size (Default = L) | | | | | | | | | | | | | S M L XL XXL Other\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you previously attended the school? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | If yes, list the year(s) | | | | | | | | | | |
| How did you hear about SSAS? | | | | | | | | | | | | | | | Online  Mailer  Colleague  Other\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **Education Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree | | |  | | | | | | | | | | | | | School | |  | | | | | | | | | | | | | | Grad Year | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | |  | | | | | | | | | | | | | | | | | Position | | | |  | | | | | | | | | | | |
| Full Time  Part Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional Licenses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you hold any professional licenses or certifications? | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| If yes, please list along with your license number(s) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Registration -- We strongly recommend online registration!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide your morning and afternoon course choices; all efforts will be made to ensure your choosing, however class seating is limited and courses will be filled on a first-come, first-served basis. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Session | | | | | | | | | | | | | | | | | | | Please write the course code and course title: | | | | | | | | | | | | | | | | | | |
| 1. Morning Session 9:00 a.m. – 12:00 p.m. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 1. Afternoon Session 1:00 p.m. – 4:20 p.m. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **Registration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **One-Day Conference -** Includes 5 CE hours.  ***1-day registration: $90***  **Summer School of Addiction Studies**  Registration includes One-Day Conference programming, 3-days of morning and afternoon courses, three ‘lunch & learn’ events, and three afternoon lectures. [CE hours: ~30] Lunch will be served each day. Parking is free for all registrants.  ***By June 5th: $550 | After June 5th: $700*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Information \*All Summer School applications must include a payment\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Amount: $\_\_\_\_\_\_\_\_\* ($575 by 5/1/17; $750 after 5/1/17) |
|  | | One-Day Conference **ONLY** | | | | | | | | | | | | | | | | | Amount: $90.00 | | | | | | | | | | | | | | | | | | |
|  | | Summer School of Addiction Studies | | | | | | | | | | | | | | | | | Amount: $ | | | | | | | | | | | | | | | | | | |
| Enclosed is my check for $\_\_\_\_\_\_\_ drawn on a US bank, made payable to **Rutgers, The State University of NJ**  Please charge my MasterCard/Visa account for the amount of $\_\_\_\_\_\_\_  I am paying with a purchase order (PO#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder’s Name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card Number | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| CVV (# on the back | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Exp Date | | | |  | | | | |
| Signature | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Zip Code | | | |  | | | | |

CONTACT US WITH QUESTIONS AT 848-445-4317 or [cas\_ed@rutgers.edu](mailto:CAS_ED@RUTGERS.EDU)

MAIL: Addiction Education, Center of Alcohol Studies, 607 Allison Road, Piscataway, NJ 08854

FAX: 732-445-3500

**REGISTER ONLINE: education.alcoholstudies.rutgers.edu/ssas**