



Strategies & Solutions for the Opioid Epidemic



2018 Spring Training Conference & Retreat April 26-29 at Epworth by the Sea, St Simons Island

| | | | |
|---------------------|---------------------------|--------------------------|--------------------------------|
| Fee Schedule | Early Bird Ends 3/5/18 | Standard Ends 4/16/18 | Late/On-site Starts 4/17/18 |
|---------------------|---------------------------|--------------------------|--------------------------------|

FULL CONFERENCE (Thursday Evening through Sunday Afternoon)

| | | | |
|---------------------|--------------------------------|--------------------------------|--------------------------------|
| Member | <input type="checkbox"/> \$325 | <input type="checkbox"/> \$375 | <input type="checkbox"/> \$400 |
| Non-Member | <input type="checkbox"/> \$375 | <input type="checkbox"/> \$400 | <input type="checkbox"/> \$425 |
| Student or Trainee* | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$300 |

TWO DAY CONFERENCE (Friday and Saturday Only)

| | | | |
|------------|--------------------------------|--------------------------------|--------------------------------|
| Member | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$300 |
| Non-Member | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$325 |

ONE DAY CONFERENCE (Friday or Saturday)

| | | | |
|------------|--------------------------------|--------------------------------|--------------------------------|
| Member | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$200 |
| Non-Member | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$225 |

OPENING SESSION ONLY or ADD ON (Thursday Evening)

| | | | |
|------------|-------------------------------|-------------------------------|-------------------------------|
| Member | <input type="checkbox"/> \$40 | <input type="checkbox"/> \$45 | <input type="checkbox"/> \$50 |
| Non-Member | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$55 | <input type="checkbox"/> \$60 |

Registrations received after April 17, 2018, will be accepted if space and processing time permits. The conference is subject sell out at any time without notice, in which case on-line registration will be deactivated.

Full Conference Rate Includes the Opening Session through the close of conference. If you do not select Full Conference but you want to attend the Opening Session, please add the Opening Session rate to the daily rate selected.

* Proof of current status as a college student or counselor in training is required and must be submitted with payment or emailed to gaca@gaca.org when registering online.

A limited number of scholarships are available to GACA Members. Scholarship applications can be downloaded on the registration web site, and are due March 5, 2018.

For more information contact Sadie at: gaca@gaca.org or (770) 434-1000



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April 26-29 at Epworth by the Sea, St Simons Island REGISTRATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____ DAYTIME PHONE: _____

NAME ON BADGE: _____

CREDENTIALS: _____

Are you a GACA/NAADAC Member? Yes, my Member No. is _____. No, I'm not a member.

Select Registration Type and Price based on your membership and the date of registration. See page one.

FULL CONFERENCE (Thursday Evening through Sunday Afternoon)

TWO DAY CONFERENCE (Friday and Saturday Only)

ONE DAY CONFERENCE (Friday or Saturday)

OPENING SESSION ONLY or ADD ON (Thursday Evening)

Once your off-line payment has been received and processed, you will receive a confirmation email with access to select classes on-line.

Three Payment Options:

1. On-line payment accepted at <http://gaca.org/events> beginning Feb. 1.
2. Mail Checks Payable to: GACA, 4015 South Cobb Dr, Suite 160, Smyrna, GA 30080
3. COMPLETE BELOW ONLY IF MAILING IN TO CHARGE ON VISA/DISCOVER/MASTERCARD/AMEX

I hereby authorized Georgia Addiction Counselors Association (GACA) to charge the following account:

Acct# _____ - _____ - _____ (Amount \$ _____)

Expiration Date on Card ____/____ VIN# _____ (last 3 digits on back of card)

X _____
(Cardholder Signature) (Company, If Applicable)

(Print name as it appears on card)

Cardholder Billing Address

Street: _____

City, State, ZIP _____ (Zip Code is Required to Process Credit Card)