

Focus on the Future – TOGETHER! For Healthy Communities

REGISTRATION


Fill out the form below, or register online at <http://focusonthefuture.evergreencpg.org>. Early bird deadline is March 31. Regular deadline is April 20; after April 20, only non-discounted, on-site payment will be accepted.


REGISTRATION INFORMATION

Name: _____ Credentials: _____
 Position / Title: _____ Agency / Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Day phone: _____ Cell phone: _____
 Email address: _____

ATTENDANCE OPTIONS & PRICING

	Early Bird ECPG Member - By March 31 -	Early Bird Non-Member - By March 31 -	ECPG Member - By April 20 -	Non-Member - By April 20 -	Student - By April 20 -	On-site - After April 20 -
<input type="checkbox"/> Focus on the Future – TOGETHER! Two-day option - choose from: April 24-25 <input type="checkbox"/> April 25-26 <input type="checkbox"/> April 26-27 <input type="checkbox"/>	\$150	\$175	\$185	\$225	\$125	\$250
<input type="checkbox"/> Focus on the Future – TOGETHER! Four-day Full Conference (April 24 - 27)	\$300	\$350	\$330	\$385	\$250	\$395
TOTAL AMOUNT ENCLOSED:	\$	\$	\$	\$	\$	\$

-  CANCELLATION POLICY: Refunds will be issued, less a \$35 administrative fee, if received in writing by April 13, 2017. No refunds will be issued after that date.
- Students must provide proof of current enrollment.
- To become an ECPG member, fill out the application or visit www.evergreencpg.org/membership

-  Special discount rate for prior TOGETHER! conference attendees!
Contact Johnna Knoerr at TOGETHER! for details - 360.493.2230 ext 110
or jknoerr@thurstontogether.org

How did you hear about this conference?

- Brochure mailing Search Engine (Google, etc.)
 ECPG Website Email
 Referral Other: _____

**We have your permission to use media that may include your image unless otherwise specified.*

DIETARY RESTRICTIONS and/or DISABILITIES

I have the following dietary restrictions: Gluten-Free Lactose-Intolerant Peanut Allergy Sugar-Free Vegan Vegetarian
 I require the following under the Americans with Disabilities Act: _____

PAYMENT METHOD

Payment Type: Visa® MasterCard® Check/Money Order Cardholder's Name: _____
 Check #: _____ Money Order _____ Credit Card #: _____
 Please make checks payable to: **Evergreen Council on Problem Gambling** Expiration Date: _____ CSC #: _____
 Signature: _____ (3 digits on back of card)

REMIT PAYMENT TO:

Mail: Evergreen Council on Problem Gambling **Fax:** 360.352.4133
 1821 4th Avenue East | Olympia, WA 98506



Questions? 360.352.6133
info@evergreencpg.org

