

WESTERN REGIONAL CONFERENCE ON PROBLEM GAMBLING AWARENESS FOCUS ON THE FUTURE

REGISTRATION

Fill out the form below, or register online at <http://focusonthefuture.evergreencpg.org>. Early bird deadline is April 1. 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: _____
 Dietary needs / other accommodations: _____

ATTENDANCE OPTIONS & PRICING

	Early Bird ECPG Member - By April 1 -	Early Bird Non-Member - By April 1 -	ECPG Member - By April 20 -	Non-Member - By April 20 -	Student - By April 20 -	On-site - After April 20 -
<input type="checkbox"/> Two-day Pre-conference Workshops (April 30-May 1)	\$95	\$115	\$95	\$115	\$80	\$135
Two-day Pre-Conference Recovery Coach Academy® Training of Trainers <input type="checkbox"/> (April 30-May 1) or <input type="checkbox"/> (May 2-May 3) <i>Must provide proof of completion of Recovery Coach Academy training to enroll</i>	\$95	\$115	\$95	\$115	\$80	\$135
<input type="checkbox"/> Focus on the Future Two-day Main Conference (May 2-3)	\$170	\$190	\$190	\$225	\$125	\$250
<input type="checkbox"/> Pre-conference + Focus on the Future Two-day Main Conference (April 30 - May 3)	\$250	\$290	\$270	\$325	\$195	\$375
TOTAL AMOUNT ENCLOSED:	\$	\$	\$	\$	\$	\$

- **CANCELLATION POLICY:** Refunds will be issued, less a \$35 administrative fee, if received in writing by April 20, 2018. 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

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.*

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
1821 4th Avenue East Olympia, WA 98506

Fax: 360.352.4133
www.evergreencpg.org

Questions? 360.352.6133
info@evergreencpg.org



**Join us for a special Recovery Support Reception and Recovery Services Fair
Wednesday, May 2, 4 - 5:30 pm**