

NATIONAL RURAL INSTITUTE ON ALCOHOL AND DRUG ABUSE

REGISTRATION FORM - 2009

National Rural Institute on Alcohol and Drug Abuse

Name _____

Title _____

Address (please check one) home business

City _____ State _____ Zip _____

Business Name (if applicable) _____

Phone (home) _____ (business) _____

FAX _____ E-mail _____

Fees:

\$495.00 If registered by May 4-includes meals, on-campus lodging (double room)

\$470.00 If registered by May 4 and a member of NRADAN, Inc.

\$25.00 Membership dues if registering as NRADAN, Inc member

(Include this as a separate check payable to: NRADAN, Inc.)

\$525.00 If registered after May 4-includes meals and on-campus lodging

\$400.00 Institute with Awards Luncheon *(no other meals or on-campus lodging included)*

\$435.00 Institute with meals *(no lodging included)*

\$150.00 Daily fee (I plan to attend on M T W Th)

\$45.00 Single room on-campus lodging additional fee

_____ Saturday night lodging (\$22.00 single/\$17.00 double)

_____ TOTAL DUE *(Note: Send separate check for NRADAN, Inc. membership)*

Approx. Day & Time of arrival: _____ Sat _____ Sun _____ Mon

Please indicate 1st and 2nd choice for workshop tracks:

1st Choice _____ 2nd Choice _____

Choose either one Mini-workshop *(all week)* OR 3 Special Topics *(one each day)*

Mini-workshop 1st three Choices

(All Week) _____

or

Special Topics 1st three choices (M) _____ (T) _____ (W) _____

2nd three choices (M) _____ (T) _____ (W) _____

Application has been submitted for scholarship consideration

How many years have you attended the Institute? _____

Roommate Preference _____

Indicate special needs (physical disabilities or sensory impairment) _____

I do not authorized UW-Stout to publish my name/address.

Method of Payment: (please check one)

Purchase Order (Payment or PO must accompany registration)

Check (payable to UW-Stout) Visa Mastercard

Card Number _____ Expiration Date _____

Cardholder Name (please print) _____

Cardholder Signature** _____

**This gives UW-Stout authorization to charge the registration fee to the above card. You may FAX your registration to us if you are paying by charge card. Our FAX number is (715) 232-3385

This program is offered through a partnership between University of Wisconsin-Stout and NRADAN, Inc. University of Wisconsin-Stout provides equal opportunities in employment and programming including Title IX requirements.

**Registration limited
to the first 300 participants**

OFFICE USE ONLY

Schol. Rec'd _____

Amount of Schol _____

Send registration form to:

National Rural Institute on Alcohol and
Drug Abuse

Outreach Services

University of Wisconsin-Stout

140 Vocational Rehabilitation Building

P.O. Box 0790

Menomonie, WI 54751-0790

Voluntary Information

University of Wisconsin System asks that you voluntarily respond to the questions below. The cumulative demographic information will be used to enhance our programming efforts.

Gender

Male Female

Race/Ethnicity

Black (African American, not of
Hispanic origin)

Asian or Pacific Islander

American Indian or Alaskan Native

Hispanic

White (not of Hispanic origin)

Age

under 18 18-34

35-49 50-64 65+

**Are you enrolled in this program for
career purposes?**

yes no

Occupation/Organization

Agriculture/Forestry

Educational Services

Engineering, Architecture and
Surveying

Finance, Insurance and Real Estate

Health Services *(Physical and Mental)*

Manufacturing

Protective Services *(Police, Guards, and
Correctional Workers)*

Public Administration *(Government)*

Retail Trade

Social, Recreational and Religious
Services

Transportation, Communication,
Utilities

Wholesale Trade

Other