



REGISTRATION FORM
SCAADAC FALL CONFERENCE - VIBRANT RECOVERY
DECEMBER 2-4 • MARINA INN AT GRANDE DUNES • MYRTLE BEACH, SOUTH CAROLINA

Attendee Name (please print clearly): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

* SCAADAC Certification and SCAADAC membership are distinct. SCAADAC membership is not required to hold a certification and certification does not automatically include membership. SCAADAC is a state affiliate of NAADAC so join NAADAC and become a member of SCAADAC. To join NAADAC visit www.naadac.org

FULL CONFERENCE PACKAGE (Sunday-Tuesday)	Regular Rates	Rates Onsite	Total
*SCAADAC Member	\$175	\$200	
Non-member	\$275	\$300	
*In Process Counselor Member	\$100	\$125	
In Process Counselor Non-Member	\$125	\$150	
Certified Peer Support Specialist	\$100	\$100	
Please check all you will attend: <input type="checkbox"/> Breakfast on Monday <input type="checkbox"/> Annual Membership Meeting/Lunch/Awards on Monday <input type="checkbox"/> Breakfast on Tuesday			

DAILY RATE – Daily rate is per day and limited to one day. Select a day. <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	Regular Rates	Rates Onsite	Total
SCAADAC Member	\$125	\$150	
Non-member	\$175	\$200	
Please check all you will attend: <input type="checkbox"/> Breakfast on Monday <input type="checkbox"/> Annual Membership Meeting/Lunch/Awards on Monday <input type="checkbox"/> Breakfast on Tuesday			

Guest REGISTRATION (Admission to breakfast and lunch: no CE provided for guests)	Per Guest \$50	Quantity	Total
Guest 1 Name:			
Guest 2 Name:			

Payment Type:
 Check (payable to SCAADAC) AMEX MasterCard Visa **Total Enclosed/Paid: \$ _____**

Number: _____ Expiration: _____ Security Code: _____

Cardholder Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____