



NOAP 2015 Annual Conference
 March 17-20, 2015
 West Palm Beach Marriott Hotel

West Palm Beach, Florida
 "Peer Assistance for Healthcare
 Professionals...
 A Journey Into Recovery"

Conference Registration Form

#1: Conference Registration

Type	Rate per Attendee	Quantity	Total
On/Before February 1			
Member (max 1)	\$385	_____	_____
Additional Member Attendees (after 1)	\$300	_____	_____
Non-Member (max 1)	\$450	_____	_____
Additional Non-Member Attendees (after 1)	\$300	_____	_____
On/After February 2			
Member (max 1)	\$485	_____	_____
Additional Member Attendees (after 1)	\$300	_____	_____
Non-Member (max 1)	\$550	_____	_____
Additional Non-Member Attendees (after 1)	\$300	_____	_____

#2: Pre-Conference Workshop - "Fit to Perform Safety" - New
 Tuesday, March 17, 2014 1:00 - 5:00 PM (3.5 CEUs)

Type	Rate per Attendee	Quantity	Total
Workshop Attendee	\$45	_____	_____

See next page to complete attendee(s) contact information

#3. Total Amount Due (1 + 2): _____ **\$**

Payment Instructions

\$ _____ Check (U. S. Dollars only).

Please make your payment to "NOAP" in US Dollar currency and return with this form to:

NOAP * 3416 Primm Lane * Birmingham, Alabama 35216, USA

Registration Notes

- The early registration deadline is February 1, 2015. Registrations after the early deadline carry a late fee.
- All fees are listed in US Dollars, and all payments must be made in US Dollars.
- Please contact the host hotel for room reservations.

Cancellation Policy

- Cancellations received on or before February 1, 2015: 90% registration fees.
- Cancellations received after February 1, 2015: No refund for cancellation.



Attendee(s) Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Website: _____

Workshop Conference

Attendee(s) Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Website: _____

Workshop Conference

Attendee(s) Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Website: _____

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Company/Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Website: _____

Workshop Conference