

The Center for Cognition and Recovery, LLC

REGISTRATION FORM

2nd National CET CONFERENCE August 31, 2010

Cuyahoga County ADAMHS Board
2012 W. 25th Street, 6th Floor
Cleveland 44113 (216) 241-3400

Name: _____

Agency: _____

Address: _____

Telephone: _____

Email Address: _____

Program Fee \$30.00 includes continental breakfast, snacks, 3 CEU's and handouts for the morning session
 \$50.00 for continental breakfast, snacks, 6 CEU's and handouts for morning and afternoon
 sessions

Total Enclosed: \$ _____

Method of Payment: Credit Card Type: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Billing Address: _____

Billing Phone Number: _____

Check (Please Make Payable to The Center for Cognition and Recovery) _____

Payment Submission:

_____ Registration form and fee mailed or emailed to: rgonzalez@cetcleland.org

Center for Cognition and Recovery
3659 Green Road, Suite 308
Beachwood, OH 44122

For further information contact: rgonzalez@cetcleland.org

Confirmation will be sent via e-mail or if requested, with stamped, self-addressed envelope.