



ALL FIELDS MANDATORY: PLEASE PRINT LEGIBLY

PRESENTER Registration Form

I. REGISTRANT INFORMATION

TRAINING SESSION TITLE: _____

Presenter #2 Name _____

Organization _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ Zip _____ Country _____

Attendee E-mail (must be own email) _____

Is this your FIRST-TIME attending CADCA's National Leadership Forum?

YES NO

ATTENDING PREVENTION DAY on Monday? (If no selection is made you WILL BE REGISTERED FOR PREVENTION DAY)

YES NO

DIETARY RESTRICTIONS: _____

PHYSICAL DISABILITY REQUIREMENTS: _____

Checking this box indicates agreement with the terms and conditions outlined in CADCA's Waiver of Liability found on the CADCA website (This acknowledgment is required to participate in CADCA's 2024 National Leadership Forum)

II. ADDITIONAL PRESENTERS

Presenter #3 Name _____

Organization _____

Title _____ Attendee E-mail _____

CHECK ONLY ONE:

Adult General Attendee INCLUDING PREVENTION DAY

Adult General Attendee NOT INCLUDING PREVENTION DAY

Is this your FIRST-TIME attending CADCA's National Leadership Forum?

YES NO

Is this your FIRST-TIME attending SAMHSA's Prevention Day?

YES NO

Checking this box indicates agreement with the terms and conditions outlined in CADCA's Waiver of Liability found on the CADCA website (This acknowledgment is required to participate in CADCA's 2024 National Leadership Forum)

Presenter #4 Name _____

Organization _____

Title _____ Attendee E-mail _____

CHECK ONLY ONE:

Adult General Attendee INCLUDING PREVENTION DAY

Adult General Attendee NOT INCLUDING PREVENTION DAY

Is this your FIRST-TIME attending CADCA's National Leadership Forum?

YES NO

Is this your FIRST-TIME attending SAMHSA's Prevention Day?

YES NO

Checking this box indicates agreement with the terms and conditions outlined in CADCA's Waiver of Liability found on the CADCA website (This acknowledgment is required to participate in CADCA's 2024 National Leadership Forum)

Presenter #5 Name _____
 Organization _____
 Title _____ Attendee E-mail _____

CHECK ONLY ONE:

Adult General Attendee **INCLUDING** PREVENTION DAY Adult General Attendee **NOT INCLUDING** PREVENTION DAY

Is this your **FIRST-TIME** attending **CADCA's National Leadership Forum**? YES NO
 Is this your **FIRST-TIME** attending **SAMHSA's Prevention Day**? YES NO

Checking this box indicates agreement with the terms and conditions outlined in CADCA's Waiver of Liability found on the CADCA website (This acknowledgment is required to participate in CADCA's 2024 National Leadership Forum)

III. REGISTRATION RATES FOR INDIVIDUALS ONLY

NOTE: Different registration fee apply as noted	Early Rates (Until Dec. 11)	Regular Rates (Dec. 12 - Jan. 16)	On-Site Rates (After Jan. 17)
Presenter #2	\$450		
Presenter #3	\$745 (member) or \$955 (non-mbr)	\$845 (member) or \$1,055 (non-mbr)	\$945(member) or \$1,155 (non-mbr)
Presenter #4			
Presenter #5			
Confirm with your fellow presenters who is registering under which fee. All forms must be accompanied with payment.			

IV. REGISTRATION SELECTION AND PAYMENT INFORMATION

Individual Registration: \$ _____
 Membership: \$ _____
Total Amount Due: \$ _____

Check Enclosed (payable to CADCA) Check # _____
 Credit Card (check one) VISA MasterCard American Express

Card Number _____ Exp. Date: _____ CW Code: _____

I, the undersigned, authorize CADCA to charge my credit card for the "Total Amount" listed on this Registration Form.

Cardholder's Name _____ Cardholder's Signature _____ Date _____

Purchase Orders: CADCA accepts Official Purchase Orders (not Purchase Requisitions) provided the following guidelines are met. Upon receipt of a completed registration form, CADCA will email an invoice from which you should submit payment.
If you submit a PO to CADCA, you are guaranteeing payment for the full amount of the PO by January 29, 2024.

Payment Change: Once payment has been received, any change to the payment method (such as change in credit card numbers) will be treated as a cancellation and subject to a \$95 administrative fee (per person).

V. SUBMISSION METHODS

Register online if paying by credit card and to receive an instant confirmation receipt. If paying by check, e-mail this form to events@cadca.org and mail check with invoice to: CADCA, 500 Montgomery Street, #400, Alexandria, VA 22314.

VI. CANCELLATION & SUBSTITUTION POLICY

All requests for [registration cancellations](#) must be submitted in writing via e-mail to events@cadca.org by February 1, 2024.

All requests for [registration substitutions](#) must be submitted in writing via e-mail to events@cadca.org along with a new and completed registration form. Substitution requests are free of charge. CADCA has a **NO REFUND** policy. Cancellations, conference no shows or failures to attend the training event will not receive a refund or credit towards a future CADCA Training Event.

By submitting this registration form, you agree to CADCA's registration requirements and policy.