



P.O. Box 1229
Cullman, Alabama 35056
Phone: 256-620-3304 Fax: 256-734-2657

2019 ASADS Registration Form

Name: _____

Business/Organization: _____

Job Title: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Degrees/Credentials (Please check):

MD DO PA CRNP CNM RN NBCC NAADAC CCRC AADAA ABN aPA

ABNHA ABSW AADCB OTHER _____

I agree to share my email address with meeting exhibitors

T-Shirt Size (Circle One): S M L XL XXL XXXL

*ASADS is committed to complying with requirements of the Americans with Disabilities Act. Please make your request for accommodations here: _____

How many total days do you plan to attend the school? _____

One Day Courses

Tuesday 1st Choice: _____ 2nd Choice: _____

Wednesday 1st Choice: _____ 2nd Choice: _____

Thursday 1st Choice: _____ 2nd Choice: _____

Friday 1st Choice: _____ 2nd Choice: _____

Please send registration before February 10, 2019

Email to Kathy.House@mh.alabama.gov

or

Fax to [334-242-3025](tel:334-242-3025)