



**PROFESSIONALS IN RESIDENCE  
Hazelden, Center City, Minnesota**

**2008 - 2009 REGISTRATION FORM**

Please complete the following registration form and either fax to 651-213-4738 or mail to the address listed below. Attendance is limited; participation each day is required. A confirmation letter will be emailed to the address noted below two-three weeks prior to the training. We look forward to your participation. Please contact us at 888-257-7800 ext. 4421 with any questions.

**Please type or print clearly.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Program/Hospital Affiliation \_\_\_\_\_ Year in Training \_\_\_\_\_

Specialty Check one:  Male  Female

**Please specify 1<sup>st</sup> and 2<sup>nd</sup> choice of program dates:**

<b>2008:</b> <input type="checkbox"/> Aug. 11-15	<b>2009:</b> <input type="checkbox"/> Jan. 12-16	<input type="checkbox"/> July 13-17
<input type="checkbox"/> Sept. 8-12	<input type="checkbox"/> Feb. 9-13	<input type="checkbox"/> Aug. 10-14
<input type="checkbox"/> Oct. 13-17	<input type="checkbox"/> Mar. 9-13	<input type="checkbox"/> Sept. 14-18
<input type="checkbox"/> Nov. 17-21	<input type="checkbox"/> Apr. 20-24	<input type="checkbox"/> Oct. 12-16
<input type="checkbox"/> Dec. 15-19	<input type="checkbox"/> May 11-15	<input type="checkbox"/> Nov. 9-13
	<input type="checkbox"/> June 8-12	<input type="checkbox"/> Dec. 7-11

**Program Fee:** \$1,485.00 -- includes materials and meals on campus  
\$25.00 nonrefundable registration fee  
Transportation and lodging are an additional cost.

**Scholarships are available for medical students, residents, physicians, and other qualified health care professionals.**

**Form of Payment:**  Check  Scholarship  P.O. # \_\_\_\_\_

Credit Card: Type \_\_\_\_\_

Number \_\_\_\_\_ Exp \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellation Policy:** A \$75 cancellation fee will be applied if registration is cancelled within 10 business days prior to the program.



**PROFESSIONALS IN RESIDENCE**  
**Program Development Information**

Please take a few moments to complete this questionnaire and return it with your completed registration form. This completed form and your payment will confirm your registration.

Name \_\_\_\_\_

Place of employment \_\_\_\_\_

Title \_\_\_\_\_

Degree and /or certification level \_\_\_\_\_

Number of years in the chemical dependency or related field \_\_\_\_\_

Previous training applicable to this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your specific areas of interest for this training program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify specific skills you hope to attain while in this training program. (eg: knowledge of diagnostic criteria and tool in assessing addiction, treatment planning, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe your understanding of, and/or experience with Alcoholics Anonymous and/or Al-Anon and the 12 Steps of A.A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PROFESSIONALS IN RESIDENCE  
Scholarship Application  
Hazelden, Center City, Minnesota**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title/Function: \_\_\_\_\_

***Scholarship Need Worksheet***

**Costs: (per week)**

Program Fee (includes materials and meals on campus)	\$1,485.00
Registration Fee (nonrefundable)	\$25.00
<i>Total Cost</i>	<b><i>\$1,510.00*</i></b>

\*Airfare, lodging and ground transportation are an additional cost and the responsibility of the participant.

**Resources:**

Your Contribution	_____
Employer's Contribution	_____
Other Funding Sources	_____
<i>Total Resources (Add column)</i>	_____

Subtract the amount of your total resources from the total cost

**Scholarship Amount Requested:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

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