



PROFESSIONALS IN RESIDENCE
Center for Youth and Families
Hazelden, Plymouth, 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: _____ Male: () Female: ()

Please specify 1st and 2nd choice of program dates:

2008:	_____ Aug. 10-15	2009:	_____ Jan. 11-16	_____ July 12-17
	_____ Sept. 14-19		_____ Feb. 8-13	_____ Aug. 23-28
	_____ Oct. 12-17		_____ March 8-13	_____ Sept. 13-18
	_____ Nov. 16-21		_____ April 5-10	_____ Oct. 11-16
	_____ Dec. 14-19		_____ May 10-15	_____ Nov. 8-13
			_____ June 7-12	_____ Dec. 6-11

Program Fee: \$1,425.00 (Includes materials and lunch daily); \$25.00 nonrefundable registration fee
 Transportation and hotel are an additional cost.

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

Form of Payment: () Check () P.O. # _____ () Credit Card
Please make check payable to Hazelden Foundation.

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. Thank you.

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.

