



**PROFESSIONALS IN RESIDENCE
Hazelden, Newberg, Oregon**

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. 18-22
 _____ Oct. 27-31

2009: _____ Mar. 2-6
 _____ May 18-22
 _____ Aug. 17-21
 _____ Oct. 26-30

Program Location: Hazelden, 1901 Esther Street, Newberg, OR 97132

Program Fee: \$1,485.00 (Includes materials and meals on campus); \$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. # _____ () Scholarship
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.



**PROFESSIONALS IN RESIDENCE
Scholarship Application
Hazelden, Newberg, Oregon**

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>	<i>\$1,510.00*</i>
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*Airfare, lodging and ground transportation are an additional cost and the responsibility of the participant.

Resources:

Your Contribution _____

Employer's Contribution _____

Other Funding Sources _____

Total Resources (Add column) _____

Subtract the amount of your total resources from the total cost

Scholarship Amount Requested: _____

Signature

Date of Application

