



PROFESSIONALS IN RESIDENCE Registration Form 2012

Please return your completed form to: email – PIR@Hazelden.org, fax to 651-213-4536 or mail to the address below. Confirmation will be emailed to you. Enrollment is limited; participation each day is required. Contact us at 888-257-7800 ext. 4421 or 4701 with questions. We look forward to your participation.

Please type or print clearly

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Cell Phone/Pager _____

Fax _____ Email Address _____

Organization _____

Title/Position _____ Gender: ___ Male ___ Female

Program Location: Center City, MN Plymouth, MN New York, NY

Program Dates: 1st choice _____ 2nd choice _____

Program Fee: \$ _____

Payment Options

Please indicate payment method:

Credit Card: Visa MasterCard American Express Discover

Card # _____ Expiration Date _____

Name on Card _____

Amount Authorized _____ Signature _____

Check Total Enclosed \$ _____ Please make checks payable to Hazelden.

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



PROFESSIONALS IN RESIDENCE Program Development Information

Please take a few moments to complete this information and return it with your registration form.

Name _____

Organization _____

Title/Position _____

Education/Certification _____

Number of years in the addictions or related field _____

Previous training or experience working with addictions:

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

Please identify specific knowledge or skills you hope to attain from this training program. (e.g. diagnostic criteria, assessment tools, treatment planning, etc.)

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