

## Workshops/Seminars/Events Registration

Please fill out all information on this registration form. Mail registration form and your payment to:

Los Angeles Training Institute for Alcohol & Drug Counseling  
P.O. Box 5093 Carson, CA 90749.

For Continuing Education Units (CEU's), please check type:

CAADAC \_\_\_\_\_ CAADE \_\_\_\_\_ CAARR \_\_\_\_\_ CADDTP \_\_\_\_\_ BBS \_\_\_\_\_  
OTHER \_\_\_\_\_ N/A \_\_\_\_\_

Name of Workshop \_\_\_\_\_

Date of Workshop \_\_\_\_\_

Time of Workshop \_\_\_\_\_

### Application Information:

**I. Personal Information**

a. Name (full legal name for certificate):

\_\_\_\_\_

a. Address: \_\_\_\_\_

b. Phone number: \_\_\_\_\_

c. E-mail: \_\_\_\_\_

**II. Employed?      Yes                  No**

a. Organization: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. Business Phone #: \_\_\_\_\_

d. Business Address: \_\_\_\_\_

**III. Emergency Information:**

a. Name of Person to Contact: \_\_\_\_\_

b. Phone Number of Person to Contact: \_\_\_\_\_

c. Relationship to You: \_\_\_\_\_

**IV. Please tell us:**

a. How did you hear about us? \_\_\_\_\_