

11th Annual Carolinas Conference on Addiction and Recovery
Please Return and Confirm Your Support —Reserve Now!
October 27– October 30, 2009

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact for details: _____

Booth Attendee and Title: _____

Telephone: _____ Fax: _____

Email: _____

*All meeting materials, invoices and other correspondence will be mailed directly to you,
however email address must be provided for initial confirmation.*

Payment Information:

Please check your support opportunities:

\$_____ ONE EXHIBIT BOOTH @ \$600.00

(includes one full registration—a \$400.00 value)

\$_____ \$250.00 One additional registrant per exhibitor space.

\$_____ General conference support

\$_____ Scholarship Support \$400.00/person

TOTAL: \$_____

___ Check enclosed, payable to **Carolinas Conference**

___ Credit Card payment

Visa: _____

MasterCard: _____

Vcode: _____ Exp. Date: ___/___

Name as it appears on card:

Billing address: _____

City: _____ State: _____

Zip: _____

Signature: _____

___ **Add \$10 extra/day for electrical hookup for booth**

Fax to: 828-859-2292

Mail to: Carolinas Conference

c/o Addiction Recovery Institute

PO Box 987

Tryon, NC 28782

For questions please call:

Addiction Recovery Institute at

828-859-2277

11th Anniversary
Carolinas Conference
on Addiction and Recovery 2009

**Creating Recovery Oriented
Communities of Care**

Chapel Hill, North Carolina

October 27-30, 2009

Presented by

Addiction Recovery Institute

Tryon, North Carolina

and

The Bowles Institute for Alcohol Studies

University of North Carolina Chapel Hill