

AMERICAN COUNCIL ON ADDICTION AND ALCOHOL PROBLEMS
2016 Annual Meeting Registration / Springfield, Illinois

Name of Organization _____

Address _____

City, State Zip _____

Phone _____ Email _____

Executive Officer _____

Registration fee (per person): \$25.00 # _____ \$ _____

Please register the following to attend the ACAP Annual Meeting:

- | | |
|----------|----------------------|
| 1. _____ | Fees Enclosed: _____ |
| 2. _____ | Fees Enclosed: _____ |
| 3. _____ | Fees Enclosed: _____ |
| 4. _____ | Fees Enclosed: _____ |

Please reserve a room for me:

Hampton Inn & Suites Springfield-SW (\$99.00 per night plus tax)
2300 Chuckwagon Drive
Springfield, IL 62711-7107

_____ Monday, 9/19/2016

_____ Tuesday, 9/20/2016

Non-smoking Double _____

Non-smoking King _____

Special Requests: _____

Dr. William E. Day, Executive Director
2376 Lakeside Drive, Birmingham, AL 35244
205-989-8177 / admin@acaap.us