

Mr., Mrs., Miss, Dr. _____ Name: _____

Organization (if applicable): _____

Address: _____

City, State, Postal Code: _____ Country: _____

Phone: _____ E-mail: _____

Check all that apply: I am a Facilitator Meeting Host Online Volunteer Online Participant
 Friend of SMART Recovery Treatment Provider

If you participate online, please provide your username: _____

I would like to share a room with another SMART Recovery volunteer in order to share costs. (Note: The Central Office will make an effort to find a roommate for all interested parties – no promises made, but we'll do our best.)

PLEASE CHECK ALL SESSIONS YOU WILL BE ATTENDING

Check if Attending	Day	Event
	Friday 2:00 PM-5:30 PM	Optional: Carrie B Cruise
	Friday 6:30 PM – 8:00 PM	Dinner (casual)
	Friday 8:00 PM – 10:00 PM	Film: “Generation Found”
	Saturday 7:45 AM – 8:45 PM	Continental Breakfast
	Saturday 9:00 AM-5:00 PM 1:00 PM-2:15 PM	Annual Conference & Lunch with Gerstein Award (at hotel)
	Saturday 6:00 PM-8:00 PM	Optional: Dinner on own (at local venues) Local SMART volunteers will recommend and guide attendees to restaurants
	Saturday 8:00 PM-9:30 PM	Optional: SMART Recovery Meeting
	Saturday 8:00 PM-8:45 PM	Optional: Saturday night speaker session-Joe Gerstein “Secular Conversion Experiences in SMART Recovery”
	Saturday 8:45 PM-9:30 PM	Optional: Saturday night speaker session- Bill Abbott “The Science behind Mindfulness in Addiction Recovery”
	Sunday 8:30 AM-2:30 PM	Optional: Motivational Interviewing Workshop (at hotel) Dr. Lori Eickelberry, Ph.D., ABPP

Registration fee received by 9/7/17: \$99.00

Registration fee received after 9/7/17: \$125.00

Carrie B Cruise: \$30.00

Motivational Interviewing Workshop: \$50.00

Total Enclosed: _____

CANCELLATION POLICY: A full refund will be issued for cancellations received 3 days prior to the program. Thereafter, refunds are unable to be issued.

Method of Payment:

MasterCard VISA American Express Discover

Card #: _____ Card Expiration Date: _____

CVV# (on back of card) _____ Signature: _____

I have the following special dietary requirements: _____

I require special facilities/arrangements based on a disability. Please describe your needs: _____

Photos:

I understand that photos of the Conference will be taken and may be used for newsletter and website purposes. Please indicate in a box below your approval for your photo to be used:

- I consent to my photo being used by SMART Recovery in its newsletter and/or website
- I DO NOT give my consent to use my photo as described above

Signature: _____ Date: _____

This completes your registration for the SMART Recovery Annual Conference. To make your hotel reservations at the GALLERYone DoubleTree Ft. Lauderdale can be made here: <https://is.gd/gPkXUT>

The **cut-off date to receive the Group Rate** on the hotel room is **August 25th 2017**. The hotel reservation is not included in the conference registration.

Please return this form with payment NO LATER than 9/7/17

To: SMART Recovery
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