



## The Art of Clinical Supervision In Alcohol & Drug Abuse Counseling: Principles, Models, & Methods Registration and Confirmation Form

WAAODA Clinical Supervision Training workshop during August 27 & 28, 2007, provides 16 hours of Clinical Supervision training.

### Registration Information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Location:

Sheraton Madison Hotel  
706 John Nolen Dr.  
Madison, WI 53713  
(608) 251-2300

Room Block under WAAODA  
Single - \$75.00, Double - \$92.00

\*Cut off for hotel room reservations is August 1st

### Fees:

- With individual WAAODA membership: \$190.00 (for 2 days)
- Non-member (includes WAAODA membership): \$ 215.00
- Non-member (includes WAAODA and AFRA memberships): \$220.00

### Books: (Recommended by instructor) Pre-ordered books will be available at the workshop

- Clinical Supervision in Alcohol and Drug Abuse Counseling by David J. Powell  
Revised Edition: \$45.00

### Payment:

Make checks payable to WAAODA, Inc. Purchase orders must be signed and accompany registration form. Mail to: WAAODA, Inc., Clinical Supervision Workshop, 6601 Grand Teton Plaza, Suite A, Madison, WI 53719

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**Transaction:** Sale      Return      Date: \_\_\_\_\_

Cash Total Amount \$ \_\_\_\_\_       Check # \_\_\_\_\_      Total Sale Amount \$ \_\_\_\_\_

Credit Card -- Name: \_\_\_\_\_      Exp. Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_       Visa       MasterCard

Credit Card Confirmation Code: \_\_\_\_\_

### Confirmation:

You are registered and confirmed to attend the Clinical Supervision Training on August 27 & 28, 2007. Your confirmation number is \_\_\_\_\_. We look forward to seeing you there.