

**The Art of Advanced
Clinical Supervision Workshop**
Strategies and Tools to Enhance Clinical Supervision
WAAODA Advanced Clinical Supervision Training workshop
November 26 & 27, 2007

Registration and Confirmation Form

Registration Information:

Name: _____

Organization: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Fax: _____ E-mail: _____

Location:

Radisson Hotel Madison
517 Grand Canyon Drive
Madison, WI 53719
(608) 833.0100

Room Block under WAAODA
Single - \$62.00, Double - \$82.00

*Cut off for hotel room reservations is November 1, 2007

Fees:

- ☐ With individual WAAODA membership: \$190.00 (for 2 days)
- ☐ Non-member (without WAAODA membership): \$200.00
- ☐ Non-member (includes WAAODA membership): \$ 215.00

Book: (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., Advanced Clinical Supervision Workshop, 6601 Grand Teton Plaza, Suite A, Madison, WI 53719

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 Advanced Clinical Supervision Training on November 26 & 27, 2007. Your confirmation number is _____.

We look forward to your participation in this very worthwhile workshop that will help to enhance your skills as clinical supervisors.