

2009 SESSION ADMISSION APPLICATION
UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES

P. O. Box 2604, Salt Lake City, UT 84110 ♦ (801) 538-4343 FAX (801) 538-8228 ♦ Email: slangston@utah.gov

Please Print Plainly

- DR.
- MR.
- MS.

_____ Last Name _____ First _____ Middle Initial _____

_____ Mailing Address _____ City _____ State _____ ZIP _____

Work Telephone (_____) _____ Home Telephone (_____) _____
Area Code Area Code

Email Address _____

Occupation or Profession _____
(If profession is teaching, indicate school. Students indicate school and grade or course.)

Have you previously attended the Utah School on Alcoholism and Other Drug Dependencies? No Yes: Year/s _____

The deadline for pre-registration is June 1. Credit cards are accepted for full payment only; otherwise, a \$60.00 deposit must accompany application and will be applied to total fees. The balance is payable by check/cash at School check-in.

GROUP SECTIONS – Check the section you wish to attend – CHECK ONE ONLY:

<input type="checkbox"/> American Indian	<input type="checkbox"/> Nursing	<input type="checkbox"/> Recovery Support
<input type="checkbox"/> Criminal and Juvenile Justice	<input type="checkbox"/> Pharmacy:	<input type="checkbox"/> Relapse Prevention Counseling
<input type="checkbox"/> Dental	<input type="checkbox"/> Pharmacists/State Boards	<input type="checkbox"/> Substance Abuse Overview and Current Issues
<input type="checkbox"/> Drugs: Treatment and Rehabilitation	<input type="checkbox"/> Faculty/School Administrators	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Education, Prevention and Youth Counseling	<input type="checkbox"/> Students	<input type="checkbox"/> Women's Treatment
<input type="checkbox"/> Employee Assistance and Human Resources	<input type="checkbox"/> Physicians - Degree _____	
<input type="checkbox"/> Mining Industry: <input type="checkbox"/> 2 days <input type="checkbox"/> All week	<input type="checkbox"/> Professional Treatment	

HOUSING – CHECK ONE ONLY:

- Reserve (subject to availability) on-campus dormitory, Guest House or University Park Hotel as indicted on the reverse side.
- I do not need housing.

UNIVERSITY GRADUATE/UNDERGRADUATE CREDIT – Credit may be cancelled or added until 5:00 p.m., Thursday, June 25.

CHECK ONE ONLY:

- I have signed up for college credit (2 semester hours in Health Education, Course No. 5480-001/002) on the reverse side of this application and will pay the \$50 credit fee.
- I do not want to sign up for college credit at this time.

FEES

Registration and Conference Fee.....	\$385.00	<input type="checkbox"/>
Registration and Conference Fee Physicians Section.....	\$460.00	<input type="checkbox"/>
Registration and Conference Fee Mining Industry Section (Two days only).....	\$200.00	<input type="checkbox"/>
Registration and Conference Fee SAP Training Only (Two days only).....	\$200.00	<input type="checkbox"/>
University Graduate/Undergraduate Credit.....	\$50.00	<input type="checkbox"/>
Continuing Medical Education Credit (Must attend Physicians Section and sign a statement verifying attendance.).....	\$30.00	<input type="checkbox"/>
Pharmacy CE Credit (Must attend Pharmacy Section and sign in twice daily.).....	\$25.00	<input type="checkbox"/>
Per Day Registration Fee: \$100; \$130 for Physicians Section: Indicate days you will attend: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F.....	\$_____	<input type="checkbox"/>
Late registration fee, after June 1.....	\$35.00	<input type="checkbox"/>

PAYMENT OPTIONS

- Pay all applicable fees (tuition, credit fees, dormitory housing, parking) in full by Visa or Mastercard. (Charge to credit card will be made upon receipt of application.) **Credit cards not accepted after June 1.**

Type of Card: Visa Mastercard Name on Card _____ Expiration Date _____

Card Number _____ Signature of Cardholder _____

- Pay \$60 deposit on tuition by check with application. Balance to be paid by check or cash at School check-in.
- Pay fees of \$_____ by check or money order.
- Purchase Order with application. Must indicate dollar amount approved.
- Tuition assistance received from _____

in compliance with the American Disabilities Act, individuals needing reasonable special accommodations (including auxiliary communicative aids and services) should notify the School office at (801) 538-4343, by June 1.

UNIVERSITY CREDIT REGISTRATION

Complete this section only if you want university credit.

Complete all information.

Name _____
Last First Middle Initial Former Name Used

U of U ID Number (if applicable) _____ Social Security Number (optional) _____
The University confidentially maintains a student's social security number for routine uses, such as facilitating document matching, verifying identity, and expediting enrollment and financial aid. Disclosure of the social security number is voluntary, but failure to provide the social security number may result in delay and confusion regarding identity; delay or loss of federal and state financial aid, tax credits, student loan deferments, veterans benefits, and other benefits under law.

Address _____
Mailing Address City State ZIP

Date of Birth _____ Work Phone () _____ Home Phone () _____

Are you currently attending high school? Yes No
If yes, must apply for permission to enroll for credit by May 1 through U of U High School Services.
Have you ever attended the U of U? Yes No
Are you a resident of the State of Utah? Yes No If YES, from what date have you continuously lived in Utah? _____
If NO, previous state or country _____
Are you in the United States on Visa status? Yes No

ON-CAMPUS DORMITORY HOUSING AT SAGE POINT – Must be requested by June 1

Smoking is not permitted anywhere in dormitory housing facilities, including individual sleeping rooms.

Male Female Smoker Non-Smoker

Rooms have twin beds, bedding, a small towel. Rooms **do not** have a telephone, clock, reading lamp, radio, or television. A microwave and refrigerator are available on each floor but not in individual rooms. Rate is per person, per night.

SINGLE OCCUPANCY ROOM (Share bathroom with one other person)
Saturday night, June 20..... \$30.00
Sunday night, June 21, through Friday, 10:00 a.m., June 26 \$150.00

If you wish to share the bathroom with a specific person, indicate name: _____

DOUBLE OCCUPANCY ROOM (Share room with one other person, share bathroom with three other people)
Saturday night, June 20..... \$30.00
Sunday night, June 21, through Friday, 10:00 a.m., June 26 \$150.00
If you wish to share the room with a specific person, indicate name: _____

ON CAMPUS UNIVERSITY GUEST HOUSE – Must be requested by May 20

Smoking is not permitted anywhere in the University Guest House, including individual sleeping rooms.

Private room and bath with the following amenities: refrigerator, coffee maker, radio, microwave, cable TV, iron and ironing board, hair dryer, voicemail, and data port; continental breakfast daily in the lobby; daily housekeeping. No restaurant, room service, swimming pool or airport shuttle. Rate is \$75 plus tax per night for one or two people; third and fourth person each pay \$10 extra per night; children under 13 stay free; free guest parking at the Guest House but you will need to purchase a parking permit if you wish to park anywhere else on campus. Full payment or credit card information required to hold and confirm reservations. *Your credit card will not be charged until you check-in or will be charged for one night if you no-show.*

Number of people _____ one king bed two queen beds
Arrival Date: _____ Time: _____ Departure Date: _____ Time: _____

Full payment enclosed \$ _____ (Make check payable to University Guest House)
 Charge to: Type of Card _____ Name on Card _____
Card Number _____ Expiration Date _____

MARRIOTT UNIVERSITY PARK HOTEL – Must be requested by May 20

Smoking is not permitted anywhere in the Marriott University Park Hotel, including individual sleeping rooms.

Full service four-star no-smoking hotel which is located in Research Park, adjacent to the University of Utah campus. Facilities include restaurants, cable TV, indoor pool, exercise equipment, hot tub, free parking; microwave and refrigerator available on request. The free Campus Shuttle stops at the Marriott University Park Hotel. The rate per night is \$109 plus tax for a single or double room, \$139 plus tax for a suite; third and fourth person in a room or suite each pay \$10 per night.. Full prepayment or credit card information required to hold and confirm reservations. *Your credit card will not be charged until you check-in or will be charged for one night if you no-show.*

Number of people _____ One king bed One queen bed Two double beds Suite
 Five nights, Sunday, June 21, through Thursday, June 25 **OR** Six nights, Saturday, June 20, through Thursday, June 25
 Full payment enclosed \$ _____ (Make check payable to Marriott University Park Hotel)
 Charge to: Type of Card _____ Name on Card _____
Card Number _____ Expiration Date _____