



First Name: _____ Last Name: _____

Street Address: _____ City: _____ State/Zip: _____

Email: _____ Home Phone: _____ Work Phone: _____

CERTIFIED ALCOHOL & DRUG COUNSELOR CLASSES (270 Hours = 45 classes):

Beginning Date: _____

Select Location:

- _____ 1. Cherry Hill: Hosted by Kennedy Health Systems, Stratford Campus. Stratford, NJ
- _____ 2. Elizabeth: Hosted by Trinitas Hospital. Elizabeth, NJ
- _____ 3. Plainfield: Hosted by Organization for Recovery, Inc. Plainfield, NJ

Selected Courses (use grid below to indicate selected courses) use additional sheet if necessary

- _____ \$65.00 each 6-hour class
- _____ \$495.00 Payment by Domain, (discounted @ \$55 per class-advanced payment required)
- _____ \$2,025.00 Full Payment, (discounted @\$45 per class-advanced payment required)
- _____ Outside Funding Source by Payment Voucher: \$2,925.00 in full or 4 equal installments of \$731.25 each (vouchers must be received in advance of class attendance)

Course No	Course Title	Date(s)	Location*1	Fee

Total Registration Fees Due	
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Payment Method:

_____ Payment Enclosed \$ _____

_____ Outside Funding Source: Contact Name: _____ Phone: _____

Agency Name/Address: _____

Credit Card Payment: (check one) Master Card VISA Discover Exp. Date: _____

Credit Card Number: _____ CVV2 Code: _____

Signature: _____

INSTRUCTIONS:

Using the PRINT button, either print the form and fill out by hand, or fill out within Acrobat, print your completed form and provide your signature.

Mail or Fax Registration to:

Organization for Recovery - CPDD
519 North Avenue, Plainfield, NJ 07060
Fax to 908-769-8212

Registrations must be received no later than one week in advance of class attendance.

Mail Payment to:

Organization for Recovery - CPDD
519 North Avenue, Plainfield, NJ 07060

NO SHOW POLICY:

If you register and prepay for classes and do not attend, you are liable for the full registration fee unless a written cancellation notice is received 7 working days prior to the date of the actual class. There will be no refunds issued for cancellations received in less than 7 days. Please contact the OFR CPDD at 908-769-4700 ext. 20 or via email at education@organizationforrecovery.org if you are unable to attend within the designated time allotted.

CANCELLATION POLICY:

Organization for Recovery reserves the right to cancel classes due to low attendance or for inclement weather. If Organization for Recovery cancels a class, registrants who have prepaid will be given full refunds, credit towards the rescheduled canceled class or a future class. However, Organization for Recovery is not responsible for any out of pocket expenses directly or indirectly sustained by the registrant.

PRINT