

2009 CeDAR Professional Development Luncheon
Registration Form

Name of Event: "The Spiritual Process of Healing Addictions...A Therapists' Guide to 12 Step Recovery"

Speaker: Michael Dinneen, LCSW, CAC III
Clinical Program Coordinator
CeDAR - University of Colorado Hospital

Date: Friday, November 13, 2009

Time: 11:30 am - 1:30 pm

Location: CeDAR Lecture Hall
1693 N. Quentin Street
Aurora, CO 80045
720-848-3000

Name of Attendee(s): _____

Company/Organization: _____

Address: _____
Street

City State Zip code

Phone number: _____ FAX : _____

Payment: Credit Card or Check (please circle one)

Type of Credit Card: MC Visa Discover AMEX

Name on Card: _____

Address of Card Holder _____
Street

City State Zip code

Card Account Number _____

Expiration Date (mm/yy) _____

Authorization Code (3 digit number on back of card) _____

Dollar Amount \$ _____ (\$15 per person) # of Attendees _____

Signature of Cardholder: _____ **Date:** _____

Please fax back to 720-848-3001 ... Attention: Diane Sanders

If you have any questions please call Diane at 720-848-3007