

**AMERICAN COUNCIL ON ADDICTION AND ALCOHOL PROBLEMS**  
**2016 Annual Meeting Registration / Springfield, Illinois**

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Executive Officer \_\_\_\_\_

Registration fee (per person):     \$25.00     # \_\_\_\_\_     \$ \_\_\_\_\_

Please register the following to attend the ACAP Annual Meeting:

- |          |                      |
|----------|----------------------|
| 1. _____ | Fees Enclosed: _____ |
| 2. _____ | Fees Enclosed: _____ |
| 3. _____ | Fees Enclosed: _____ |
| 4. _____ | Fees Enclosed: _____ |

**Please reserve a room for me:**

**Hampton Inn & Suites Springfield-SW (\$99.00 per night plus tax)**  
**2300 Chuckwagon Drive**  
**Springfield, IL 62711-7107**

\_\_\_\_\_ Monday, 9/19/2016

\_\_\_\_\_ Tuesday, 9/20/2016

Non-smoking Double \_\_\_\_\_

Non-smoking King \_\_\_\_\_

Special Requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dr. William E. Day, Executive Director  
2376 Lakeside Drive, Birmingham, AL 35244  
205-989-8177 / admin@acaap.us