

AMERICAN COUNCIL ON ADDICTION AND ALCOHOL PROBLEMS

2017 Annual Meeting Registration

Southwestern Baptist Theological Seminary, Fort Worth, Texas

Name of Organization _____

Address _____

City, State Zip _____

Phone _____ Email _____

Executive Officer _____

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

Please register the following to attend the ACAAP Annual Meeting:

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

Please reserve a room for me:

**Riley Center (\$85.00 per night plus tax)
1701 West Boyce Avenue
Fort Worth, TX 76115**

_____ Monday, 9/18/2017

_____ Tuesday, 9/19/2017

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