

# WESTERN REGIONAL CONFERENCE ON PROBLEM GAMBLING AWARENESS FOCUS ON THE FUTURE

## REGISTRATION

Fill out the form below, or register online at <https://www.evergreencpg.org/training/in-person/focus-on-the-future/>. Early bird deadline is April 10. Regular deadline is April 25; after April 25, only non-discounted, on-site payment will be accepted.


### REGISTRATION INFORMATION

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
 Position / Title: \_\_\_\_\_ Agency / Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### ATTENDANCE OPTIONS & PRICING

	Early Bird ECPG Member - By April 10 -	Early Bird Non-Member - By April 10 -	ECPG Member - By April 25 -	Non-Member - By April 25 -	Student - By April 25 -	On-site - After April 25-
<input type="checkbox"/> Two-day <b>Pre-conference Workshops</b> (May 1-2)	\$150	\$170	\$170	\$190	\$95	\$215
<input type="checkbox"/> <b>Focus on the Future</b> Two-day Main Conference (May 3-4)	\$190	\$215	\$215	\$240	\$125	\$295
<input type="checkbox"/> Pre-conference* + <b>Focus on the Future</b> Two-day Main Conference (May 1-4)	\$285	\$320	\$320	\$355	\$195	\$395
<b>TOTAL AMOUNT ENCLOSED:</b>	\$	\$	\$	\$	\$	\$

If applying for a scholarship, mark attendance days and leave the total blank; include a copy of both forms.

-  **CANCELLATION POLICY:** Refunds will be issued, less a \$50 administrative fee, if received in writing by April 25, 2023. No refunds will be issued after that date.
- Students must provide proof of current enrollment.
  - To become an ECPG member, fill out the application or visit [www.evergreencpg.org/membership](http://www.evergreencpg.org/membership)

Would you like to be added to ECPG's mailing list?  
 Yes, please      No, thank you

*How did you hear about this conference?*

<input type="checkbox"/> Brochure mailing	<input type="checkbox"/> Search Engine (Google, etc.)
<input type="checkbox"/> ECPG Website	<input type="checkbox"/> Email
<input type="checkbox"/> Referral	<input type="checkbox"/> Other: _____

*We have your permission to use media that may include your image unless otherwise specified.*

### DIETARY RESTRICTIONS and/or DISABILITIES

I have the following dietary restrictions:  Gluten-Free    Lactose-Intolerant    Peanut Allergy    Sugar-Free    Vegan    Vegetarian  
 I require the following under the Americans with Disabilities Act: \_\_\_\_\_

### PAYMENT METHOD

Payment Type:    Visa®    MasterCard®    Check/Money Order   Cardholder's Name: \_\_\_\_\_  
 Check #: \_\_\_\_\_   Money Order \_\_\_\_\_   Credit Card #: \_\_\_\_\_  
*Please make checks payable to: Evergreen Council on Problem Gambling*   Expiration Date: \_\_\_\_\_   CSC #: \_\_\_\_\_  
 Signature: \_\_\_\_\_   Billing Zip Code: \_\_\_\_\_   (3 digits on back of card)

### REMIT PAYMENT TO:

**Mail:** Evergreen Council on Problem Gambling  
 1821 4th Avenue East   Olympia, WA 98506  
**Fax:** 360.352.4133  
[www.evergreencpg.org](http://www.evergreencpg.org)

