

Texas Alliance for Drug Endangered Children



2009 Statewide Conference

SEPTEMBER 10, 2009 · ST. ANDREW UNITED METHODIST CHURCH · 5801 W PLANO PKWY · PLANO, TX 75093-4637

REGISTRANT

Registrant Information:

Name: _____

Agency/Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Professional Discipline:

Please list your professional discipline and/or background working with drug endangered children:

Personal Preferences:

Dietary Needs: Vegetarian Vegan Other: _____
T-Shirt Size: XXL XL L M S

SESSIONS

Sessions Available (please register for one from each column – all sessions are 1 hour in length):

A	B	C
<input type="checkbox"/> Ethics and DEC	<input type="checkbox"/> Ethics and DEC	<input type="checkbox"/> Ethics and DEC
<input type="checkbox"/> Prosecution Considerations for DEC	<input type="checkbox"/> Working with Children of Alcoholics and Addicts	<input type="checkbox"/> DEC Case Study Panel Discussion
<input type="checkbox"/> Children of Alcoholics and Addicts	<input type="checkbox"/> Drug Trafficking Trends	<input type="checkbox"/> Prosecution Considerations for DEC
<input type="checkbox"/> Medical Considerations for DEC	<input type="checkbox"/> DEC Case Study Panel Discussion	<input type="checkbox"/> Drug Trafficking Trends
<input type="checkbox"/> Dallas DEC Pilot Program Discussion	<input type="checkbox"/> CPS DEC Trends	<input type="checkbox"/> Dallas DEC Pilot Program Discussion
<input type="checkbox"/> Community Based Substance Abuse Treatment: The Delta Model	<input type="checkbox"/> Community Based Substance Abuse Treatment: The Delta Model	<input type="checkbox"/> Community Based Substance Abuse Treatment: The Delta Model

PAYMENT

Registration Rates (includes all conference materials and catered lunch):

Prior to September 10, 2009: **\$35** **Registration begins at 8:00 AM**
On-site on September 10, 2009: **\$45** **Conference will run from 8:30 AM – 4:00 PM**
CEUs will be offered

Check (made out to **GDCADA**) (Check # _____)
 Credit Card (Amex, Discover, MasterCard, Visa)

Credit Card # _____ Expiration Date _____

Name on Card _____ Billing Zip Code _____

Authorization Code (3 digits on back) _____ Signature _____

Submission Methods:

Fax: 214-521-7253
attn: Justin Mazzeo

Mail: GDCADA, 4525 Lemmon Avenue,
Suite 300, Dallas, TX 75219, Attn: TADEC
Conference

E-mail: jmazzeo@gdcada.org

You should receive an e-mail confirmation of your registration within 5 business days. Please contact Justin Mazzeo at jmazzeo@gdcada.org, 214-522-4999 ext. 256 with any questions.

