

Registration Form

To Register, please complete this form and forward with payment by mail or fax with credit card information to:
CORE Registration, PO Box 876, Duncan, SC 29334
1-864-485-2323/Fax 864-485-2324 Email Questions to Katie Myvett at katie@c4recovery.org

Please Check the Workshops you plan to attend.

SUNDAY, JULY 16

Opening Reception (Complimentary—pre-registration required)
Opening Plenary #199

MONDAY, JULY 17

Morning Plenary #200
Morning Workshops #210 OR #211 OR #212
Luncheon Plenary #250 (Complimentary - pre-registration required)
Early Afternoon Workshops #251 OR #252 OR #253
Late Afternoon Workshops #275 OR #276 OR #277

TUESDAY, JULY 18

Morning Plenary #300
Mid-Morning Workshops #310 OR #311 OR #399
Luncheon Plenary #350 (Complimentary - pre-registration required)
Early Afternoon Workshops #351 OR #352 OR #399
Late Afternoon Workshops #375 OR #376
Evening Plenary #380

WEDNESDAY, JULY 19

Morning Workshop #400
Closing Plenary #401

SPECIAL OFFERINGS & OPTIONS

Annual CORE Golf Tournament - Sunday, July 16 \$150 for 18 holes
CORE Tennis Tournament with dinner - Monday, July 17 \$60 Dinner only \$40

SYMPOSIUM REGISTRATION FEES

Symposium Registration fees (Sunday evening through Wednesday noon) include all presentations, the Opening Reception, Monday Luncheon, Tuesday Luncheon, all Coffee/Beverage Breaks and all Snack Breaks.

Regular Attendee Fees:

Early Registration through 6-16-17 \$325 Registration on or after 6-16-17 \$395

Group Registrant Registration Fee (3 or more registrations received together)

Early Registration through 6-16-17 \$275 Registration on or after 6-16-17 \$325

NAME BADGE Please print your name, organization, city and state to appear on your name badge:

Name _____

Credentials _____

Organization _____

MAILING ADDRESS

Street _____

City/State/Zip _____

Phone _____ Fax _____

E-Mail _____

PAYMENT INFORMATION

Check # _____ Please make check payable to **C4 Recovery Foundations/CORE**.

All cancellations MUST be submitted in writing, telephone requests WILL NOT be honored. Cancellations received more than 30 days prior to the conference, paid or unpaid invoices, will incur a \$35.00 administrative fee. Cancellations received 14 to 30 days prior to the conference, paid or unpaid invoices will be refunded at 50% of the invoice. No refunds will be given for cancellations received within 14 days of the conference and all unpaid invoices will be due in full.

There will be NO EXCEPTIONS.

CREDIT CARD Visa Mastercard American Express Discover

Card # _____ Expiration Date _____

Street/City/State/Zip _____

(For bank verification purposes, please include the address where you receive your credit card statement.)

Signature _____