

# Registration Form

To Register, please complete this form and forward with payment by mail or fax with credit card information to:  
CORE Registration, 1018 Sweet Juliet Way, Greer, SC 29650  
Checks are to be made out to: C4 Recovery Solutions/CORE  
864-479-0679/Fax 864-479-0680 Email Questions to at help@c4recovery.org

## OPTIONS

**ANNUAL CORE GOLF TOURNAMENT** \$150 for 18 holes  
**WILLOW WOMEN'S EVENT** \$115  
**C-ATM 2 DAY COURSE ONLY** \$360  
**INTENSIVE LEARNING COURSE** \$100

**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 6-15-18 \$325  
Registration on or after 6-16-18 \$395

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

Early Registration through 6-15-18 \$295  
Registration on or after 6-16-18 \$345

## PLEASE CHECK THE WORKSHOPS YOU PLAN TO ATTEND.

### SUNDAY EVENING, JULY 15

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

### MONDAY, JULY 16

Morning Plenary #200  
Morning Workshops #225 OR #226 OR #227  
Luncheon Plenary #250 (Complimentary - pre-registration required)  
Early Afternoon Workshops #253 OR #254 OR #255  
Late Afternoon Workshops #275 OR #276

### TUESDAY, JULY 17

Morning Plenary #300  
Mid-Morning Workshops #325 OR #326 OR #327  
Luncheon Plenary #350 (Complimentary - pre-registration required)  
Early Afternoon Workshops #352 OR #353 OR #354  
Late Afternoon Workshops #375 OR #376  
Evening Plenary #380

### WEDNESDAY, JULY 18

Morning Workshop #400  
Closing Plenary #425

## 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 \_\_\_\_\_

E-Mail \_\_\_\_\_

## PAYMENT INFORMATION

Check # \_\_\_\_\_ Please make check payable to **C4 Recovery Solutions, Inc./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 \_\_\_\_\_