



Indiana Association of Prevention Professionals
2010 Training Registration Form
(Due to preparation for training no walk-ins accepted)

**Principles of Drug Abuse Prevention
Ethics and Cultural Competency**

	Member Rate	Non-Member Rate
____ February 8-12, Terre Haute	\$425.00	\$500.00
____ May 17-21, South Bend	\$425.00	\$500.00
____ July 12-16, Indianapolis	\$425.00	\$500.00
____ October 11-15, Indianapolis	\$425.00	\$500.00

Method of Payment:

Payment must be received prior to the training.

____ Check – Payable to IAPP

____ Credit Card _ MasterCard _ Visa

Card # _____ Expiration Date _____

Signature _____

Name _____ IAPP Membership # _____

Organization _____

Title _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____ Fax _____ Email _____

Lunch not provided.

For more information and membership forms go to www.preventionprofessionals.org

Please remit to: Indiana Association of Prevention Professionals
1101 South 13th St.
Terre Haute, IN 47802-1409
Phone: 812.232.5190 Fax: 812.234.0711 Email: iapp@cfiy.org