



# National African American Drug Policy Summit

March 24-27, 2010  
Silver Spring, Maryland

## REGISTRATION FORM

PRE-REGISTRATION DEADLINE - MARCH 16, 2010

### **CONTACT INFORMATION (Please print or type)**

NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_ DEGREE(S) \_\_\_\_\_

POSITION \_\_\_\_\_ DEPT./DIV. \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIT/FLOOR/ROOM \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

COALITION MEMBER?  Yes  No CHAPTER NAME: \_\_\_\_\_

### **PROFESSION (select one)**

- Judge                       Attorney                       Physician                       Nurse                       Pharmacist  
 Social Worker / Sociologist     Other Social Scientist     Educator                       Student                       Drug Court Professional  
 Other \_\_\_\_\_

### **POPULATIONS SERVED (select all that apply)**

- Adults                       Immigrants                       Re-Entry                       Sexual Minorities                       Youth  
 Other \_\_\_\_\_

### **AREAS OF INTEREST (select all that apply)**

- Advocacy / Policy                       Coalitions                       Education                       Faith  
 Government                       Health Care                       Law Enforcement                       Media  
 Other \_\_\_\_\_

**- PLEASE COMPLETE COMPONENTS ON NEXT PAGE -**

# NAADPC SUMMIT REGISTRATION FORM

PRE-REGISTRATION DEADLINE - MARCH 16, 2010

## HOW TO REGISTER

1. Complete both pages of this registration form and fax to 404.559.6198 or email to [naadpc@the1joshuagroup.com](mailto:naadpc@the1joshuagroup.com).
2. Submit payment via PayPal (<http://naadpc.the1joshuagroup.com/registration.html>) or via institutional checks payable and submitted to:  
*The 1Joshua Group, LLC*  
*FBO NAADPC*  
*1513 East Cleveland Avenue*  
*Bldg. 100-B, Suite 110*  
*Atlanta, GA 30344*  
**\*Please note name of registrant on check**
3. Keep a copy of the registration form and all confirmations for your reference.

## REGISTRATION

Fee Categories	Early Bird Rate (By 03/12/2010)	General Registration (By 03/16/2010)	General Registration (After 03/16/2010 - Onsite Only)	Quantity	Total
General Registration	\$225	\$260	\$295		\$
Day Rate	\$115	\$115	\$165		\$
Gala Ticket (separately)	\$250	\$250	\$250		\$
Gala Ticket (purchased with registration)	\$200	\$250	\$250		\$
<input type="radio"/> Student* / <input type="radio"/> Guest Rate	\$100	\$115	\$125		\$
				Grand Total	\$

\*Students must provide proof of status at time of registration (i.e. valid student identification or letter from advisor on institution letterhead)

**METHOD OF PAYMENT:**  PayPal  Institutional Check

Please note that your registration is not complete until we have received this form AND your registration fees via PayPal.

Visit <http://naadpc.the1joshuagroup.com> for payment options. Your banking statements will reflect a charge from 1JOSHUA or THE 1JOSHUA GROUP. Should you opt to submit institutional checks, your registration will not be complete until funds have been deposited by the NAADPC.

**CANCELLATIONS:** Registration cancellations occurring prior to March 16 will be assessed a 50% cancellation fee. No refunds will be granted after 03/16/2010.

## VENUE & HOST HOTEL – LODGING DEADLINE 03/12/2010

Hilton Washington DC/Silver Spring Hotel • 8727 Colesville Road • Silver Spring Maryland 20910 • Phone: 301.589.5200

ONLINE RESERVATIONS: [www.washingtondcsilverspring.hilton.com](http://www.washingtondcsilverspring.hilton.com) (Group/Convention Code : NAA)

## SPECIAL ASSISTANCE

Requests for special assistance needs such as special dietary restrictions and handicap accessibility, should be submitted to The 1Joshua Group, LLC no later than February 20, 2010.

## MUTUAL HOLD HARMLESS and POLICY AGREEMENT

I \_\_\_\_\_ (Summit Attendee) shall defend, indemnify, and hold NAADPC, its officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys fees, or claims for injury or damages arising out of participating in the Sixth National African American Drug Policy Summit March 24-27, 2010 but only in proportion to and to the extent such liability, loss, expense, attorneys fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omission of the NAADPC, its officers, employees, or agents.

Likewise NAADPC shall defend, indemnify, and hold Summit Attendee, its officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys fees, or claims for injury or damages arising out of participating in the Sixth NAADPC Summit but only in proportion to and to the extent such liability, loss, expense, attorneys fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the Summit attendee. Further, I affirm that I have read and understand the above stated cancellation policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_