



TIPS On Premise Workshop Registration Form

1. Submit Registration (You may use any of the following options to provide the information.):

Fax: 345-949-6264

Email: info@ndc.ky

2. Registration Information (Please list additional participants on a separate sheet.):

Name and Title _____

Establishment _____

Licensee _____

Address _____

Phone _____ Fax _____

Email Address _____

Have you been trained before? _____ Trainer # _____ Expiration _____

Is TIPS required by your establishment or managing organisation? _____

3. Workshop Pricing (Call 345-949-9000 to find out which rate applies to your workshop):

Group rates are available. Please call for details.

4. Payment Method: Make cheques payable to: National Drug Council

Payment Policy

Payment is due no later than two (2) weeks prior to the date of your workshop. If not received by date due, a \$25 late registration fee will be applied.

Cancellation Policy

If you do not attend the workshop, or do not cancel your registration at least two (2) weeks prior to the workshop date, you will be charged an additional \$25 fee.

Refund Policy

Workshop fees are non-refundable.

I have read and understand the terms of the above registration policies. (Initial Here) _____

Approving Manager _____ Date: _____

Workshop Participant _____ Date _____