

SYMPOSIUM INFORMATION

REGISTRATION INFORMATION AND FEES:

Since space is limited, please register early. The registration fee of \$275.00 includes all symposium functions, two lunches, and banquet. One day registrations are available for a fee of \$150.00. A \$25.00 processing fee will be charged for any cancellation. Cancellations MUST be made in writing no less than 10 days prior to the opening of the program to obtain a refund. Additional banquet tickets may be purchased for a fee of \$40.00.

ACCOMMODATIONS: (Room blocks held through Aug. 10, 2011)

Room blocks are held at the **Holiday Inn** (\$90-Yakima's Newest Hotel across from Convention Center), 802 E. Yakima Ave, 509-494-7000; **Fairfield Inn and Suites** (\$85), 137 N Fair Avenue, (509) 452-3100; the **Howard Johnson Plaza** (\$85.00), 9 N. 9th St., (509) 452-6511; the **Red Lion Hotel Yakima Center** (\$89.95), 607 E. Yakima Ave., (509) 248-5900 or (800) 733-5466. Please mention the Merrill Scott Symposium when making reservations. Contact Cheryl Dale at (800) 326-7444 or (509) 457-0990 (ext 423) for more information.

CREDIT AND CONTINUING EDUCATION INFORMATION:

Up to 16 hours of continuing education are available. The NAADAC provider number is 00198. Physicians may apply for Category II credit.

SUNDOWN M FOUNDATION:

The Sundown M Foundation is a non-profit corporation organized for the purpose of advancing and enhancing the competency of primary treatment for alcoholism and other drug dependencies.

SPONSORS:

In cooperation with the Central Washington Chemical Dependency Treatment Providers Alliance, the Sundown M Foundation is proud to sponsor this, the Twenty-Fifth Annual Merrill Scott Symposium on Alcoholism.

ADDITIONAL INFORMATION:

For additional information, contact Cheryl Dale at Sundown M Ranch at (800) 326-7444 or (509) 457-0990 ext 423.

PLEASE REGISTER ME FOR THE 2011 MERRILL SCOTT SYMPOSIUM – REGISTRATION FEE: \$275.00

Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ email: _____

Organization: _____ Phone: _____

Organization Address: _____

City: _____ State: _____ Zip: _____ email: _____

Professional Discipline: _____

Payment Options: Check Enclosed (USD)* Visa MasterCard

Card Number: _____ **Expiration:** _____

Card Holder (Please Print): _____ **Signature:** _____

***Please make checks payable in U.S. Funds to: MERRILL SCOTT SYMPOSIUM**

Mail to: Merrill Scott Symposium, P.O. Box 244, Selah, WA 98942

Fax Registration Form to: 509-469-1791, Attention Cheryl or email to cheryldale@sundown.org

www.sundown.org—click on the “events” tab to locate the registration form