

# 22<sup>nd</sup> ANNUAL REGION THREE & FOUR WARM BEACH RETREAT

## “New Discoveries: New Horizons”

### 2009 REGISTRATION FORM

WHEN: **February 19 & 20, 2009**

WHERE: Warm Beach Camp, 20800 Marine Drive N.W.,  
Stanwood, Washington 98292 (map included in packet)

TIME: Registration opens at 8:00 a.m. on February 19, 2009

Retreat starts at 10:00 a.m. on February 19, 2009

Cost of the retreat is **\$110.00**. **Discount for early registration; if we receive your registration by February 12, 2009 the cost will be \$100.00.** Complete the registration information below (PRINT OR TYPE) then mail, along with your registration fee. Your registration includes; one night's lodging, four meals, and a dance with some great door prizes.

Make your check payable to **\*\*ATI\*\*** and attach the payment to your completed registration form (one registration form per person). Please mail your registration form and payment to:

**\*\*ATI\*\***

**P.O. Box 2100**

**Everett, Washington 98213-0100**

**www.aticeus.com**

**NAADAC Approved Education Provider #588**

Fourteen approved CEU's will be awarded for attending both days of training. **\*\*ATI\*\*** and the Warm Beach Retreat Committee are committed to providing access and reasonable accommodations for individuals with disabilities. Please contact **Ray Godsey at 425-330-9817** to request special accommodations.

#### REGISTRATION INFORMATION: (Please print your name as you would like it on your **CERTIFICATE**)

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

**LODGING INFORMATION:** (Three people to a room) Roommate requests will be honored if registration forms are sent together. Rates are based on **double** Occupancy, **No Single rooms are available; please call Ray Godsey at 425-330-9817 with any questions BEFORE you mail your registration. Questions other than housing please call John Ceasarini at 425-330-4262.**

Roommate 1: \_\_\_\_\_ Roommate 2: \_\_\_\_\_

#### Please answer the following to facilitate assigning your room:

Male  Female  Smoker  Non-Smoker

**Not Staying Overnight (price remains \$100)**  Need a Handicapped Accessible Room

Need Vegetarian Meals: \_\_\_\_\_

#### Please choose the two workshops you wish to attend on Friday:

- |                                                            |                                                                        |
|------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Self Care                         | <input type="checkbox"/> Recovery in the Hispanic Community            |
| <input type="checkbox"/> Writing Effective Treatment Plans | <input type="checkbox"/> Prevention (Staying Connected with Your Teen) |
| <input type="checkbox"/> Oxford House Model                | <input type="checkbox"/> Trends in Drug Abuse in the NW                |
| <input type="checkbox"/> ICR Model -3 yrs later            | <input type="checkbox"/> The End of Addictive Thinking                 |