



Application for Continuing Education Contact Hours

Note: Application and processing fee must be submitted at least 60 days prior to scheduled event. Disposition and approval number (if applicable) will be provided to applicant by mail. Please print or type application.

Date(s) of Event:	Contact Hrs. Applied For: _____ <i>(Instructional Clock Hours only; exclude break, meals, registration, etc. over 15 minutes in length)</i>
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Title of Event:

Location of Event:

Sponsoring Organization: Address:
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Name of person submitting application: Address: Contact phone number: Contact e-mail address:
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Describe briefly how the event will lead to improved professional competence for Addiction Professionals:



APPLICATION CHECK LIST

- Completed Application form
- Resume, CV, or VITA for each presenter (4 pages or less)
- Short BIO for each presenter
- Completed Presenter Objective Form for each Presenter
- Program registration forms
- Copy of certificate used to declare attendance.
- Brochures / announcements.
- Application Processing Fee

 Contact Print Name

 Contact Signature

 Date Submitted

Application for Continuing Education Contact Hours - *Processing Fee*

<i>Total Number of Hours</i>	<i>Cost</i>
<i>1 – 25</i>	<i>\$ 50.00</i>
<i>26 – 50</i>	<i>\$ 100.00</i>
<i>51 – 100</i>	<i>\$ 150.00</i>
<i>101 +</i>	<i>\$ 200.00</i>

(Please Print)

Total Amount Enclosed \$ _____

Payment Type: Check/Money Order# _____ Payable to “MAAP”

Amount Authorized to Charge Credit Card: VISA _____ MasterCard _____ (Sorry, No AmEx)

Credit Card No: _____ Expiration Date: _____

Signature*: _____ Card Verification Number _____

***By signing below you authorize MAAP to charge this credit card for the amount shown above. You also hereby guarantee payment of the amount shown above.

Billing Address: _____