



**HOW TO REGISTER**  
 Complete this form and mail to:  
 TAAP Management Office  
 1005 Congress Ave., Ste. 460  
 Austin, TX 78701  
 or Fax to: 512.476.7297  
 or Register Online at: [www.taap.org](http://www.taap.org)  
 Call for more information: 512.708.0629

PLEASE PRINT ALL INFORMATION  
 \*Cancellations must be made by July 1,  
 and are subject to a \$25 administrative fee.

**Please use this registration form to register for the  
 Returning Iraqi/Afghani Vets & Substance Use Disorder Issues  
 One Day Conference within the Conference Event\*\*  
 Saturday, August 1, 2009**

*\*\*Please note that this event is included for those who are attending the full TAAP State Conference, and separate registration is not required.*

NAME \_\_\_\_\_ CREDENTIALS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ OTHER PHONE \_\_\_\_\_  
 OTHER/EVENING PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

I will want CEUs for:  DSHS/TAAP/TCBAP  Other License (specify) \_\_\_\_\_

**RETURNING VETS ONE DAY CONFERENCE REGISTRATION FEES (please select from below):**

\_\_\_\_\_ \$40.00 Advance Registration Fee  
 \_\_\_\_\_ Free for Active Duty Military (Must show active duty military ID at the event in order to receive free registration)

**PAYMENT METHOD**

Check, payable to TAAP  
 Credit Card Payment (Please check type of Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa AND complete below)  
 Name as it appears on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_ Authorized Signature \_\_\_\_\_