

# Great Escape Substance Abuse Training and Information Inc.

*Equipping Determined Minds for Willing Hearts*

1900 Grand Avenue, 2nd Floor, Baldwin NY 11510

Email: info@greatescapeinc.org • Phone: 516-442-1967 • Fax:516-442-1968

## Recovery Coach Now What!

*Saturday, January 10, 2015*

### Cost:

**\$150.00 New Registrants \$99.00 Students and Members. Payable by: Check, Money Order or Credit/Debit Card**

*Deposit of \$50.00 to reserve seat. Check or Money Order Made Payable to: Great Escape*

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### **REGISTRATION**

#### **BY MAIL:**

Mail completed registration form along with check, money order, credit card information or Pay Pal payment date:

Great Escape: P.O. Box 1904, Baldwin, NY 11510

#### **BY FAX:**

Fax completed registration form with credit card information or Pay Pal payment date to 516-442-1968

#### **IN PERSON:**

Contact us at 516-442-1967 to schedule an appointment. Please walk with registration form and payment.

1900 Grand Avenue, 2<sup>nd</sup> floor, Baldwin, NY 11510. *A form can also be provided at our office.*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

#### **Education** (circle highest level completed):

HS Diploma /GED

Bachelor's Degree

Doctoral Degree

Associate's Degree

Master's Degree

Post-Doctoral Training

#### **How did you hear about this training?**

Flyer    Internet    Word of Mouth    Referral, who? \_\_\_\_\_

Other \_\_\_\_\_

**Have you ever participated in Peer-to-Peer services?**    Yes    No

**If yes:**

**What Organization:** \_\_\_\_\_

**In what capacity:** \_\_\_\_\_ **When?** \_\_\_\_\_

**Please tell us why you are interested in Recovery Coach Training:**

**PAYMENT METHOD**

**Check**       **Money Order**  
*Please make check or money order payable to: Great Escape*

**Credit Card:**    \_\_\_ Visa    \_\_\_ Master Card    \_\_\_ Amex

Number \_\_\_\_\_

Exp. Date \_\_\_\_\_      CVC# \_\_\_\_\_ (last 3 digits on the back of the credit card)  
(Amex, last 4 digits in the front of the card above the cc#)

Card Billing Address \_\_\_\_\_  
(If card billing address is same as mailing address, then write same)

Signature of Cardholder \_\_\_\_\_ Date: \_\_\_\_\_

**Pay Pal**    Date Payment Made \_\_\_\_\_  
Visit [greatestescapeinc.org](http://greatestescapeinc.org) → Click on Recovery Coach page → scroll to bottom of page → Click on Pay Pal button →  
Follow Instructions for payment

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only:***

Date Registration Received: \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

Date Balance Received: \_\_\_\_\_

Office Designee: \_\_\_\_\_