

Behavioral Services Center
8707 Skokie Blvd., Suite 207
Skokie, IL 60077

GROUP PSYCHOTHERAPY AND RECOVERY FROM ADDICTION

UNDERSTANDING ASAM PLACEMENT CRITERIA AND BEYOND



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UNDERSTANDING ASAM PLACEMENT CRITERIA AND BEYOND

Registration Form

Name: _____

Address: _____

Phone: _____

Email: _____

Visa Mastercard American Express

Credit Card Number: _____

Expiration Date: _____

Tuition

\$45 Morning Session

\$45 Afternoon Session

\$_____ Total payment enclosed
(US funds only)

Checks should be payable to BSC, P.C.

Registration should be sent to

Behavioral Services Center
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Skokie, IL 60077

Cancellations- Request must be in writing.
Refunds will be given on requests post-
marked within 10 days prior to workshop.
A \$25 processing fee will be deducted from
all cancellations.

Date of presentation: **August 18th, 2010** Time: **8:00am-12:00pm** and **1:00pm-5:00pm**

Location: **Dr. Zhivago Banquet Hall, 9925 Gross Point Rd., Skokie, IL 60076**

For more info- phone us at 1. 847. 929.9370