

2020 Combined Alcohol Drug Information School & Victims Panel *Assessment & Treatment Associates - Phone: 425-289-1600*

Please bring **identification**, **attorney contact** info, **case number** and a **pen** to the class!

BELLEVUE
Bellevue College
Bldg. A – Room 138
3000 Landerholm Circle SE
Bellevue, WA 98007
Phone: 425-289-1600

Month	Class Dates		
January	11	25	
February	8	22	
March	7	21	
April	4	18	
May	2	16	30
June	13	27	
July	18		
August	1	15	29
September	12	26	
October	10	24	
November	7	21	
December	5	19	

MOUNTLAKE TERRACE
Plaza 220

21907 64th Ave. West Ste. 310
Mountlake Terrace, WA 98043
Phone: 425-289-1600

Month	Class Dates		
January	4	18	
February	1	15	29
March	14	28	
April	11	25	
May	9	23	
June	6	20	
July	11	25	
August	8	22	
September	5	19	
October	3	17	31
November	14	28	
December	12		

Bellevue Class Times:

ADIS 9:00 am to 5:30 pm
Victims Panel 5:30 pm to 7:00 pm
“Bring Identification to the class”

Mountlake Terrace Class Times:

Victims Panel 9:00 am to 10:30 am
ADIS 10:30 am to 7:00 pm
“Bring Identification to the class”

Classes will fill up quickly; your promptness will reserve your place in a class.

Fax to 425-484-6541 or Mail the completed registration to: ATA - 13353 BEL-RED Rd. #101 Bellevue, WA 98005
Include payment (when mailing) or payment authorization (when faxing) registration form

FEE SCHEDULE – (No Checks Please) (Preregistrations accepted until 12:00pm Thursdays!)

Course	Costs	
<input type="checkbox"/> Combined ADIS/Victims Panel	\$175.00	Preregistration required if attending both programs
<input type="checkbox"/> ADIS Only	\$150.00	Preregistration required if attending ADIS only.
<input type="checkbox"/> Victims Panel Only - CASH ONLY	\$ 60.00	No prepayment or preregistration required if attending a Victim Panel Only. \$60 cash payment made at the door.

PLEASE PRINT CLEARLY

Name: _____ Class Date: _____
Address: _____ Phone #: _____
_____ Birthday: _____ / _____ / _____

Card Type: Visa Master Card AMEX Discover Email: _____
Card #: _____ Exp. Date: _____ cv []

I authorize ATA to charge my account: \$ _____
Signature: _____ Date: _____

Worried we received your registration? Check the box to receive a confirmation phone call.

Fax to (425) 484-6541 or mail registration form to ATA - 13353 Bel-Red Rd. Suite 101 – Bellevue, WA 98005