

# 2020 Combined Alcohol Drug Information School & Victims Panel Assessment & Treatment Associates – Phone: 877-479-5993

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

## Assessment & Treatment Associates – Bellingham

**Location:**  
**Assessment & Treatment Associates**  
  
**Bellingham Office**  
  
1752 Iowa Street  
Bellingham, WA 98229



**Time: ADIS & Victim Panel**  
ADIS: Part 1: 9:00am to 12:30pm / Part 2: 2:00pm to 7:00pm  
Victim Panel: 12:30pm to 2:00pm  
  
(Please arrive 15 minutes early)

Class Dates:	
March	21
April	18
May	23
June	20
July	18
August	22
September	19
October	17
November	21
December	19

**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

<b>FEE SCHEDULE – (No Checks Please) (Preregistrations accepted until 12:00pm Thursdays!)</b>		
Course	Costs	
<input type="checkbox"/> Combined ADIS/Victims Panel	<b>\$175.00</b>	<b>Preregistration required if attending both programs</b>
<input type="checkbox"/> ADIS Only	\$150.00	<b>Preregistration required if attending ADIS only.</b>
<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.