## **Registration Form**

Spring Workshop March 20-21, 2025 Las Vegas, Nevada 16 Continuing Education Units Available International
Institute on
Addiction and
Behavioral Health

Mr	
	Mrs
Last N	ame:
First N	lame
University/Organization/Company:	
Addre	ss:
E-mai	:Telephone: ()
Comp	ete Invoice Address (i.e your University/Organization/Company):
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## **PAYMENT METHOD**

Payments by Cashier's Check or Money Order must be received by March 15, 2025. Please Forward to:

International Institute on Addiction and Behavioral Health C/O C Edwards Concepts, LLC 300 S. Water Street, Suite 230 Henderson, NV 89015

Payment By: Bank Card/Credit Card, Zelle or PayPal please phone for instructions:

Contact: 702.499.1395

## **REGISTRATION INFORMATION**

- Completed registration can be returned to: <a href="mailto:info@knowbadbehavior.com">info@knowbadbehavior.com</a> by March 15, 2025
- Payment is due on or before March 15, 2025
- For inquiries, please contact Derrick Carroll or Charlette Edwards at info@knowbadbehavior.com