



Join the voices for recovery
Build a Stronger, Healthier Community

**CELEBRATING NEW YORK STATE'S
ADDICTIONS PROFESSIONALS
MONDAY, SEPTEMBER 18TH AT 5:30 PM**

*COMPLIMENTARY RECEPTION & AWARDS PRESENTATION HOSTED BY
THE INSTITUTE FOR PROFESSIONAL DEVELOPMENT IN THE ADDICTIONS
FOLLOWED BY*

ANNUAL ASAP AWARDS DINNER

FEATURING OASAS STATEWIDE 2005-2006 AWARDS:

CASAC, CASAC TRAINEE, CPP/CPS OF THE YEAR

ALBANY CROWNE PLAZA, STATE AND LODGE STREETS

FOR MORE INFORMATION WWW.ASAPNYS.ORG/RECOVERYMONTH.HTML

FOR \$99 DISCOUNTED HOTEL ROOM RATES

*CALL (800) 227-6963 AND MENTION CODE **AP6***

TUESDAY, SEPTEMBER 19TH AT 12 NOON

OASAS ANNUAL RECOVERY RUN AT THE EMPIRE STATE PLAZA

**FOR MORE INFORMATION ON THE RECOVERY RUN OR THE
RECOVERY FINE ARTS FESTIVAL VISIT WWW.OASAS.STATE.NY.US**

RESERVE YOUR SEAT AT THE AWARDS DINNER TODAY!

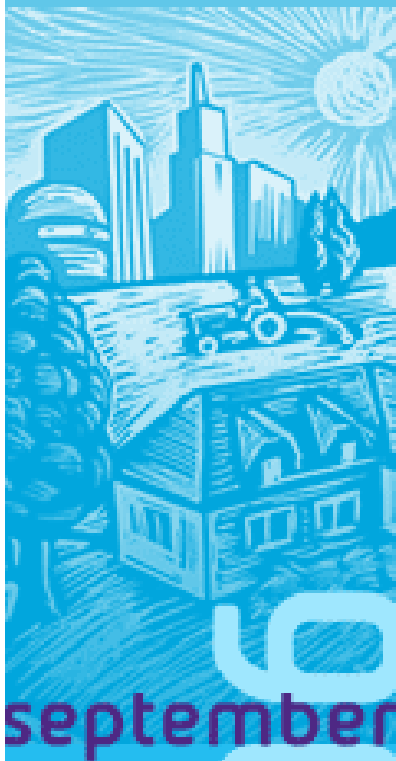
TICKET REPLY FORMS SHOULD BE FAXED/MAILED BY 9/8/06

ALCOHOLISM & SUBSTANCE ABUSE PROVIDERS OF NEW YORK STATE

ONE COLUMBIA PLACE, STE. 400, ALBANY, NY 12207

PH (518) 426-3122 FAX (518) 426-1046 WWW.ASAPNYS.ORG

join the
voices
for recovery



2006
september

National Alcohol
& Drug Addiction
Recovery Month

Addiction Professionals Day is 9/18/06

ASAP Annual Meeting 3:00-5:00 (ALL MEMBERS WELCOME AT NO CHARGE)

A complimentary reception hosted by

The Institute for Professional Development in the Addictions
and the Annual ASAP Awards Dinner, will begin at 5:30pm at the Crowne Plaza
Statewide and Regional awards will be presented by OASAS, ASAP and IPDA.

Payment in full must accompany this registration form.

Mail with company check or fax back with credit card to (518) 426-1046.

Name: _____

Agency: _____

Address: _____

City, State Zip: _____

Phone: _____ E-mail Address: _____

Dinner Tickets \$75 per person: _____ (number people including yourself)
(Attach contact information of all guests accompanying this payment & enter number of meals below.)

Meal Preference (pending availability): ___ Fish ___ Chicken ___ Beef ___ Vegetarian

Select method of payment:

___ Check Payable to **ASAP**, 1 Columbia Place, Albany, NY 12207

___ Credit Card (MasterCard, Visa or American Express)

Card Number: _____

Expiration Date: _____

Name on Card: _____

Amount: \$ _____

Sponsorship & Advertising also available!

(indicate company name for recognition on line provided)

Event Sponsorships (\$250 - \$10,000): _____

(cash donations or in-kind contributions accepted)

VIP Table (10 seats @\$75 + \$250 donation) (\$1,000): _____

Event Journal

Half Page Ad (4" x 3.5") (\$250): _____

Full Page Ad (4" x 7") (\$500): _____

If you have any questions, please contact ASAP at

(518) 426-3122 or mkiessling@asapnys.org.

1 Columbia Place, Albany, NY 12207