



2011 International Treatment Center's Cooperative Conference



SOUTHWORTH
ASSOCIATES

Dear Treatment Center / Interventionist,

If you have attended before the following requirements are just a reminder. If this is your first time at the ITCC Conference and you have any questions please call Boris González, as he will be handling all lodging needs, at (772-633-1097).

- **Please do not make any travel arrangements until your reservations have been confirmed.**
- *Plan to attend the whole conference, which begins at 9 am on Monday, October 3rd and finishes at 12 pm on Wednesday, October 5th. If you cannot attend the whole conference please let us know so we can refund your registration fee and free up your seat for someone else.*
- Out of courtesy for the presenters there will be **NO cell phone or pager use, no text messaging, and no instant messaging via mobile phones during the presentations.** You will have frequent breaks to make calls and check voicemail.
- *Each facility will be given ten minutes to present the three things that they do best and what makes them unique. Each interventionist will be given five minutes to present the things that they do best and what makes them unique. All are welcome to bring handouts but do not bring visual presentations (no PowerPoint, videos, etc). We recommend bringing enough material for 75 people. Table space will be available for handout materials.*
- We ask that you speak only about the treatment center which paid your registration fee.
- All meals during the conference are provided, with one night being open for attendees to do dinner on their own. This date and a conference schedule will follow with your registration acceptance letter. If you have any special dietary requirements please let Boris know as soon as possible.

Please fill out the workbook form and the registration form and return it to Southworth Associates as soon as possible. If you'd like to use last year's or this Spring's workbook, please indicate so on your payment sheet. You may request that it be emailed to you at southworth.conferences@gmail.com. The information will be used in the workbook you will receive at the conference. By having this information preprinted on the worksheets you will be able to spend more time presenting your unique features and answering questions. Please remember that the registration process is on a first come first served basis and *spots cannot be guaranteed.*

Thank you,

Anne Hasbrouck & Jessica Foster
Conference Staff
Southworth Associates
(208) 323-9555

2011 International Treatment Centers Cooperative Conference

The ITCC Conference is an opportunity to exchange information in an effort to create a seamless continuum of care to meet the needs of all patients. During the conference each facility or interventionist is provided a formal opportunity to present information about what distinguishes their services and programs. There are also numerous networking opportunities and a chance for a little relaxation in beautiful Vero Beach, Florida. Our hope is that with the information gathered at this conference everyone will know where to turn when they are presented with a situation that is outside of their area of expertise.

Who Should Attend: - Admissions Personnel - Medical Directors - Treatment and Discharge Planning Personnel

Fees	
Fee includes attendance to all sessions and meals. Fee is \$1000 per facility and includes two staff members. Interventionist fee is \$500 per person.	
Facility	\$1000
Interventionist	\$500
Total	\$

Name of Attendee: _____

Job Title: _____

Name of Attendee: _____

Job Title: _____

Contact Information:

Facility: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Please return Registration Form to:
 Southworth Associates
 5530 W. Emerald
 Boise, Idaho, 83706
 Phone: 208-323-9555 Fax: 208-323-9222
 Email: Southworth.Conferences@gmail.com

Method of Payment	
<input type="checkbox"/>	Credit Card
<input type="checkbox"/>	Check

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Card Number: _____

Expiration Date: _____ / _____

Please circle type of card:

Card ID Number: _____ Visa MasterCard Discover American Express

(Visa, MasterCard – last three digits on back of card; Discover – on back of card;

American Express – on front of card above the card number)

Payment Amount: _____

Authorized Signature: _____ **Date:** _____

Fall 2011 International Treatment Center's Cooperative Conference

Facility/Company: _____

Location: _____

Admissions: _____

Website: _____

Patient Gender _____
 Male Female Both

In House Detox _____
 Yes No

Tobacco Free Campus & Staff _____
 Yes No

Accept Insurance _____
 Yes No

Patients Case Managed _____
 Yes No

Patients Monitored _____
 Yes No

Financial Aid _____
 Yes No

AIS or NAATP Membership _____
 AIS NAATP Both Neither

Treatment Information:

Client Age Range: _____
 Type of treatment

of Beds _____
 Length of Stay

Years Open: _____
 Cost

Presenters:

Name: _____	C: _____	email: _____
Title: _____	W: _____	F: _____ O: _____
Name: _____	C: _____	email: _____
Title: _____	W: _____	F: _____ O: _____

Unique Features:

- 1)
- 2)
- 3)

Notes: