



Driven To Make Our Roadways Safer

Training on the California Code of Regulations, Title 9, Division 4, Chapter 3, Programs for Alcohol and Drug Impaired Drivers

March 25, 2019 9:00 – 4.30

Department of Behavioral Health
Auditorium Entrance
850 E Foothill Blvd Rialto 92376

Join CADTP for an interactive overview of key sections of Title 9, Chapter 3, network with other DUI program providers and stakeholders, and earn CEU’s. Attendees will receive:

- Morning refreshments and lunch, 5.5 CEU’s, copy of Title 9, and more.

9:00 – 9:30 AM	Registration Check In & Morning Refreshments
9:30 – 11:00 AM	<i>Training (1.5)</i>
11:00 – 11:15 AM	Break
11:15 – 12:30 PM	<i>Training (1.25)</i>
12:30 – 1:30 PM	Lunch
1:30 – 3:00 PM	<i>Training (1.5)</i>
3:00 – 3:15 PM	Break
3:15 – 4:30 PM	<i>Training (1.25)</i>

Trainer: Barbara Aday-Garcia, CADTP Executive Director

Barbara has over 30 years of varied experience in the field of alcohol and drug abuse counseling services. She has been involved in Driving Under the Influence Offender Treatment since 1987 as an Alcohol and Other Drug Counselor, Supervisor, and for 19 years as the Manager of the one of the largest DUI programs in the State of California. Ms. Aday-Garcia is a Certified Alcohol and Drug Abuse Counselor and Clinical Supervisor through the California Association of DUI Treatment Programs and the Breining Institute and a CADC-II with the California Consortium of Addiction Programs and Professionals.

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- Please use one registration form per registrant. You may photocopy for additional registration forms.
 - Register by mail: A completed form for each registrant and include a check/money order for the appropriate fee(s), payable to “CADTP” or with a completed credit card form and mail to:
 - CADTP San Bernardino Title 9 Training 1026 W. El Norte Pkwy. PMB 143 Escondido CA 92026
 - Register by fax or email with credit card: CADTP accepts MasterCard and VISA payments. To charge, please complete the credit card information on the next page and mail, fax, or email.
 - Timely registrations must be postmarked no later than March 18, 2019. Those not registering in a timely fashion cannot be guaranteed space and/or materials. Written confirmation of registration will be sent to those who register in a timely manner.
 - As space is limited and we have set the training fee to just cover the training expenses there will be no refund of registration fees for cancellations.
 - Registration is on a first come first serve basis until the seats are filled.



California Association of DUI Treatment Programs
 1026 W. El Norte Pkwy PMB 143 Escondido CA 92026
 CADTP Organizational Membership – CADTP AOD Counselor Registration and Certification
 Phone: (800) 464-3397 Fax: (866) 621-2286
 Email: info@cadtp.org Website: www.cadtp.org
 Like us on Facebook and Follow us at @CADTP



San Bernardino - Title 9 Training

REGISTRANT (Please Print/Type):

Name: _____

Phone: _____ E-Mail: _____

Organization: _____

Address: _____

REGISTRATION & FEES: Includes applicable meals and training materials:

\$35.00 per person

Non-CADTP Organizational Member, and not Registered/Certified with CADTP

\$30.00 per person

Discount for CADTP Organizational Members and their employees and all CADTP Registered/Certified Counselors

I am a: **CADTP Certified Counselor** **CADTP Registered Counselor** **CADTP Organizational Member**

CREDIT CARD INFORMATION
(Master Card or Visa)

Please print or type:

Full Name (as it appears on the card): _____

Complete Billing Address: _____

Account Number: _____

Expiration Date: _____ Card ID Number*: _____

*Card ID Number appears on the reverse side of the card as the last 3 numbers near the signature

Total Amount to be charged: _____

Authorized Signature: _____

Daytime Phone Number (in case there is a question) _____

Note: You may register by fax or email only if you are paying with a credit card. Please fax the completed registration and credit card information form to (866) 621-2286 or email to info@cadtp.org. This is a secured fax and email and will be received in a secure location. Credit card information will be destroyed upon successful payment.

Paying for more than one person? Please list names below and include a registration form for each attendee:

1. _____

2. _____

3. _____

4. _____