

National Alcohol Screening Day®

April 5, 2007 2007 Registration Form

Community-Based Alcohol Awareness and Prevention

"We were thrilled with the support and response from the organizations on base. NASD is a wonderful way to promote alcohol awareness." -Mildred Fitch, Tinker Air Force Base ADAPT Program Oklahoma City, OK

"Our event was a huge success. We were able to reach a lot of members of our community who we might not otherwise have connected with." -lan Forslund, Outreach Screening & Referral (OSAR)Austin, TX

"NASD is a great way to promote alcohol awareness, and it also provides people the opportunity to look at themselves and their use of alcohol, to really assess the effect of alcohol in their lives." -Trey Norvell, The Center for Chemical Addiction Treatment Cincinnati, OH

National Alcohol Screening Day[®] (NASD) is an annual event conducted by community health and social services providers. NASD provides information about alcohol and health as well as free, anonymous screening for alcohol disorders.

PROGRAM KIT OPTIONS

SCREENING KIT

Includes AUDIT screening forms for 50 participants; brochures, banner, posters, clinician education materials, video and giveaways. A downloadable event planning guide is available on the sites-only section of the NASD Web site, with planning tips and publicity templates.

NASD ONLINE SCREENING

For your organization's Web site. Can be used as an alternative to in-person screening for organizations with limited staff. Provides anonymous, 24/7 screening for unlimited community use. Participants receive immediate screening results and referral information. Organizations may customize their welcome page and referral message, and also generate reports of screening results, demographics, and utilization.

NO MATERIALS OPTION

For sites that plan to hold their 2007 NASD event using materials from previous years' kits. No Materials sites may opt for free listing on our Event Locator Web site and must submit a summary form with their results and feedback.



SPONSORS American Academy of Addiction Psychiatry

American Academy of Nurse Practitioners

American Academy of Physician Assistants American Association for Marriage and Family Therapy American College of Emergency Physicians American College of Nurse-Midwives American College of Obstetricians and Gynecologists American College of Physicians American Council on Alcoholism American Geriatrics Society American Medial Association American Psychiatric Association American Psychological Association and its College of Professional Psychology American Society of Addiction Medicine Association for Medical Education and Research in Substance Abuse Association of Black Psychologists Anxiety Disorders Association of America Community Anti-Drug Coalitions of America International Nurses Society on Addictions Join Together Mothers Against Drunk Driving National Association for Children of Alcoholics National Association of Alcoholism and **Drug Abuse Counselors** National Association of Community Health Centers National Association of Social Workers National Association of Psychiatric Health Systems National Center for Farmworker Health National Council on Alcoholism and Drug Dependence D.O.T., National Highway Traffic Safety Administration National Hispanic Medical Association National Mental Health Association National Organization on Fetal Alcohol Syndrome Society for Academic Emergency Medicine State Associations of Addiction Services

Materials in part provided by: National Institute on Alcohol Abuse and Alcoholism (NIAAA)





REGISTER NOW!

National Alcohol Screening Day® 2007

Register for NASD 2007 by completing this registration form and mailing or faxing it to the NASD office: Screening for Mental Health, Inc. • P.O. Box 845788 • Boston, MA • 02284-5788

Phone: 781.239.0071 • Fax: 781.431.7447

OR register online at www.NationalAlcoholScreeningDay.org

MY ORGANIZATIC	ON'S CONTACI	MY ORGANIZATION'S CONTACT INFORMATION	
Organization Name:			
Conidet Indine:			
City:		State:	Zip:
Email:		Fvt	Fav.
ABOUT MY SCREENING SITE	ALLS DAINS		
I plan to hold my event: At the location above	At the location abov	ve At the location below	
Please send my kit(s) to:	The first address: m	ny organization The secon	Please send my kit(s) to: The first address: my organization The second address: the screening site
Kits will be sent to your orga (If you are coordinating an	nization unless otherw event at more than or	Kits will be sent to your organization unless otherwise specified. Kits will begin shipment in late February. (If you are coordinating an event at more than one site, please fill out a copy of this form for each additi	ts will be sent to your organization unless otherwise specified. Kits will begin shipment in late February. (If you are coordinating an event at more than one site, please fill out a copy of this form for each additional site.)
Name of Screening Site:			
Contact Name:			
Street:			
City:		State:	
Email:			·
Contact Phone:		Ext.:	Fax:
ORDERING MY NASD KIT	ASD KITT	NG MY NASD KITT	Condition of States
Rish General inc) Please send me the followi	ing (Indicate how ma	following (Indicate how many you would like of each kit.)	
□ Screening Kit-\$50 □ NASD Online Screening-\$150	ASD Online Screening	g-\$150	,
☐ No Materials (Event Locator Listing Only)-No Charge	ator Listing Only)-No	Charge	
PAYMENT INFORMATION	MATION		
□Check Enclosed: Check #	# >	Purchase	Purchase Order #
All checks made payable t	o Screening for Ment	All checks made payable to Screening for Mental Health/NASD (Tax ID #04-3221069)	-3221069)
□Credit Card □Americ	☐ American Express ☐ Discover	over <a>D Mastercard <a>D Visa	а
Name as it appears on card:	d:		
Account #		Expi	Expiration Date:
LISTING	MY SITE ON	LISTING MY SITE ON THE EVENT LOCATOR WEB SITE	OR WEB SITE
Sites open to the public c	an be listed on the	Sites open to the public can be listed on the NASD Event Locator Web site, at no charge, allowing	te, at no charge, allowing
members of the communi	ity to learn about yo	members of the community to learn about your event. If you would like to be listed on the Event	to be listed on the Event
Locator Web site, the site	information noted a	above will be posted. Also,	Locator Web site, the site information noted above will be posted. Also, please provide the information
below, to complete your posting on the Event Locator Web site.	posting on the Event	t Locator Web site.	
☐YES, I want to be listed			
Phone number for public inquiries:	nquiries:		Ext:
Web site:		Date:	Time:
■NO, I don't want to be listed	listed		
PLEASE NOTE: By listi	ing your event on th	ie NASD Event Locator Web	By listing your event on the NASD Event Locator Web site, you have committed to

conduct your event at the specified date and time. Please notify the NASD office of any event changes or cancellations.