

2010 Combined Alcohol Drug Information School & Victims Panel

Assessment & Treatment Associates - Phone: 425-289-1600

Please bring identification, attorney contact info and a pen to the class!

MOUNTLAKE TERRACE			
Plaza 220 21907 64 TH Ave. West Ste. 310 Mountlake Terrace, WA 98043			
Phone: (425) 289-1600			
Month	Class Dates		
JAN	9	23	
FEB	6	20	
MAR	6	20	
APR	3	17	
MAY	1	15	
JUN	12	26	
JUL	10	24	
AUG	7	21	
SEP	4	18	
OCT	2	16	30
NOV	13	27	
DEC	11		

BELLEVUE			
Bellevue College 3000 Landerholm Circle SE Bellevue, WA 98007 Bldg. A – Room #130 Phone: (425) 289-1600			
Month	Class Dates		
JAN	2	16	30
FEB	13	27	
MAR	13	27	
APR	10	24	
MAY	8	22	29
JUN	5	19	
JUL	3	17	31
AUG	14	28	
SEP	11	25	
OCT	9	23	
NOV	6	20	
DEC	4	18	

AUBURN	
River Bend Office Park 4508 Auburn Way No. Ste. E Auburn, WA 98002	
Phone: (425) 289-1600	
Month	Class Date
JAN	23
FEB	20
MAR	20
APR	17
MAY	15
JUN	26
JUL	24
AUG	21
SEP	18
OCT	16
NOV	13
DEC	11

MLT Class Times:

Victims Panel 9:00 am to 10:30 am
ADIS 10:30 am to 7:00 pm
“Bring Identification to the class”

Bellevue Class Times:

ADIS 9:00 am to 5:30 pm
Victims Panel 5:30 pm to 7:00 pm
“Bring Identification to the class”

Auburn Class Times:

ADIS 9:00 am to 5:30 pm
Victims Panel 5:30 pm to 7:00 pm
“Bring Identification to the class”

Classes will fill up quickly; your promptness will reserve your place in a class.

-----Detach, Fax or Mail the completed registration form with course selection box checked -----
Include payment (when mailing) or payment authorization (when faxing) registration form

2009 FEE SCHEDULE		
Course	Costs	
<input type="checkbox"/> Combined ADIS/Victims Panel	\$150.00	Preregistration required if attending both programs
<input type="checkbox"/> ADIS Only	\$125.00	Preregistration required if attending ADIS only.
<input type="checkbox"/> Victims Panel Only - CASH ONLY	\$ 40.00	No prepayment or preregistration required if attending a Victim Panel Only. \$40 cash payment made at the door.

Name: _____ Class Date: _____
Address: _____ Phone #: _____
Email: _____

Credit Card: Visa MasterCard
Card #: _____ Exp. Date: _____ cv [_____]

I authorize ATA to charge my account: \$ _____
Signature: _____ Date: _____

Worried we received your registration? Check the box to receive a confirmation phone call.
Fax to (425) 484-6541 or mail registration form to 13353 Bel-Red Rd. Suite 101 – Bellevue, WA 98005