



## 2010 International Treatment Center's Cooperative Conference

**Southworth**  
ASSOCIATES  
Interventions, Consulting & Monitoring

July 13, 2010

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 regarding the location or lodging, please call Boris, he will be handling all lodging needs, at (772-633-1097). Any other inquires can be directed to Southworth Associates at 208-323-9555, extension 160 (Conferences).

- **Please do not make any travel arrangements until your reservation has been confirmed.**
- *Plan to attend the whole conference, which begins at 9 AM on Wednesday, September 15th and finishes at 6 PM on Thursday, September 16th. 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 thru cell 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 the exception of dinner on Thursday evening. Thursday after the presentations hors d'oeuvres will be provided. 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.** You may fax (208-323-9222) or email the completed form to us at [Southworth.Conferences@gmail.com](mailto: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,

Amie Colgrove  
Southworth Associates  
(208) 323-9555  
(208) 323-9222 fax  
[amie@southworthassociates.net](mailto:amie@southworthassociates.net)

# 2010 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

<b>Fees</b>	
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
<b>Total</b>	<b>\$</b>

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

- Credit Card
- 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:** \_\_\_\_\_

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**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: \_\_\_\_\_ # of Beds \_\_\_\_\_ Years Open: \_\_\_\_\_

Type of treatment                      Length of Stay                      Cost


**Presenters:**

Name: \_\_\_\_\_ C: \_\_\_\_\_ email: \_\_\_\_\_

Title: \_\_\_\_\_ W: \_\_\_\_\_ F: \_\_\_\_\_ O: \_\_\_\_\_

Name: \_\_\_\_\_ C: \_\_\_\_\_ email: \_\_\_\_\_

Title: \_\_\_\_\_ W: \_\_\_\_\_ F: \_\_\_\_\_ O: \_\_\_\_\_

**Unique Features:**

1)

2)

3)

**Notes:**