

CARING FOR INDIVIDUALS WITH OPIOID USE DISORDER (OUD)



Tuesday, August 16, 2022
Thursday, November 10, 2022
Thursday, March 23, 2023



REGISTRATION FORM

Updated contact information Event #68446

Name _____

Credentials _____

PIN # _____ (4 digits of your choosing that you will use each time you register)

Occupation _____

Email Address _____

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

Please remove me from the MAHEC mailing list

Home Address _____

City _____ State _____ ZIP _____

Home County _____

Home # _____ Work # _____

Employer _____

Department _____

Employer's Address _____

City _____ State _____ ZIP _____

Work County _____

DATE & ATTENDANCE SELECTION

Tuesday, August 16, 2022
 Thursday, March 23, 2023
→ in person at MAHEC live via webinar

Thursday, November 10, 2022
→ live via webinar

Send completed registration to: MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803

Fax completed registration to: 828-257-4768

Location Live via webinar or in person at
MAHEC Education Building
121 Hendersonville Road
Asheville, NC 28803

Date Tuesday, August 16, 2022
Check-in* 11:30 am–12:00 pm
Program 12:00 pm–1:00 pm

Date Thursday, November 10, 2022
(This date is live webinar only)
Program 9:00 am–10:00 am

Date Thursday, March 23, 2023
Check-in* 5:30 pm–6:00 pm
Program 6:00 pm–7:00 pm

*For those attending in person at MAHEC

PAYMENT SELECTION

[REGISTER ONLINE](#)

General Registration Fee

\$25.00 \$40.00 if paying after the deadline

Group Registration Fee (five or more from the same agency; must register and pay at the same time)

\$20.00 \$35.00 if paying after the deadline

MAHEC Employee Registration Fee

FREE (enter discount code) _____

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

Check is enclosed Credit card information below
 Visa MasterCard Discover Card AmEx

Account # _____

Expiration Month/Year _____ / _____

Verification Code _____ (3 or 4-digit number)

Name on Card _____

Signature _____