Arkansas Drug Court Professionals Association
625 Marshall, Suite 1100
Little Rock, AR 72201
(501) 682-9400 Office (501) 682-9410 Fax

ADCPA & AOC
DRUG COURT CONFERENCE
REGISTRATION FORM 2014
April 9 & 10, 2014
Holiday Inn-Springdale, AR

Name _____ Title _____

Mailing Address _____ Court Location (County) _____

City, State, and Zip _____ Judicial District/Circuit _____

Email Address _____ Phone Number _____

DCC Area # & Office Name (DCC employees only) _____ Hotel Room Roommate (DCC employees only) _____

Roommate Area # & Office (DCC employees only) _____

You must be a member to attend the conference. Please make your check payable to ADCPA. Pre-registration and payment is required. Please mail registration form and payment of $75.00 (which includes your membership fee) to the address listed above. ***Deadline to Register is March 1, 2014.***

Signature _____ Date _____