



Clarence Grendahl, LADC
Substance Abuse Program Coordinator
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402-477-4116
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Alcohol & Drug Education Class Registration

Name _____ Address _____

Phone Number: _____ Email: _____

Classes are offered every fourth weekend of the month. Please indicate below if you are registering for the 8 hour class or the 15 hour class, and which month you would like to attend.

_____ I would like to register for the 8 hour class (Saturday only from 9 am – 4:30 pm) in the month of _____ **\$60.00**

_____ I would like to register for the 15 hour class (both Saturday & Sunday from 9 am – 4:30 pm) in the month of _____ **\$75.00**

I will pay by: _____ **Cash** (*Payment must be received prior to OR on the day of class.*)
_____ **Money order** (*Payment must be received prior to OR on the day of class.*)
_____ **Credit/Debit Card** (*Payment must be received prior to class either online at mtkserves.org OR by returning this form to Matt Talbot at least two days prior to class. **Credit/debit card payments are not accepted on the day of class.***)

Credit/Debit Card Number _____

Exp. Date _____ Security Code (on back of card) _____

Signature Authorizing Credit/Debit Card Charge _____

Date _____

THANK YOU!