



Clarence Grendahl, LADC  
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## *Alcohol Education Registration*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Classes are offered every 4<sup>th</sup> Saturday and Sunday of the month. Registration must be received two days prior to the class. The eight hour class is only offered on Saturdays from 9 – 5 pm.**

**Please check one and indicate which month you would like to attend class:**

\_\_\_ I would like to register for the 8-hour class in the month of \_\_\_\_\_ (\$60.00).

\_\_\_ I would like to register for the 15- hour class in the month of \_\_\_\_\_ (\$75.00).

Credit/Debit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature authorizing Credit/Debit Card Charge \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU!**

You may register by mail, phone, fax, walk-in, or online at [www.mtkserver.org](http://www.mtkserver.org)

Payment options are: Credit/Debit Card, Check, Cash, or Money Order.