

NAADAC Recovery Month 2010 Contact Information

State Affiliate Name _____

State Affiliate President _____

Recovery Month Contact: _____

Contact's Title: _____

Contact Address _____

Phone: _____ Fax: _____

Email: _____

ATTC Information

Contact Name: _____

Contact Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Single State Authority (SSA)

Contact Name: _____

Contact Title: _____

Address: _____

Phone _____ Fax: _____

Email: _____

Recovery Month Activity and Event Ideas:

(Please include dates, location and other logistics if you have them at this time.)

**Please return form to: Angela Beckett
NAADAC Association for Addiction Professionals
1001 N. Fairfax St. Ste 201
Alexandria, VA 22314
800.377.1136 (fax)
angela@naadac.org (email)**