



ADDICTION HEALTH SUMMIT 2019



June 6-8, 2019 | Orlando, FL

Scholarship Form for 2019 Addiction Health Summit

ATTENDEE INFORMATION:

Name: _____

Profession: _____

Email: _____

Phone: _____

Have you attended AHS in the past?

YES NO If yes, which year(s): _____

The scholarship is for those people who are in financial need due to recently having been in treatment and who suffered financial hardship as a result of being out of their profession. Do you satisfy this criteria?

If so, please explain: _____

Please submit by 5/1/19 for consideration. Notification of available scholarship by 5/15/19.

Email completed form to info@addictionhealthsummit.com