

**Registration form for SUGAR training Iceland 23 – 25th of September 2015**

Name	DOB
Title	Workplace
Address Work	Phone work
Address Home	Phone private
E-mail	Cellphone

Education and training history  
 School/university etc

Workhistory

Employer	Line of duties	How many years

Current employment or duties

Acquired knowledge in the addiction field ( Alcohol / drugs / sugar/food addiction , other )

This application is binding. If canceled later than 3 weeks before training you will be billed 75% of training costs.

Date	Signature
If ADDIS / ADDIS Young certified , please write where and when	
Tutors name ( filled in by Dahl & Dahl )	

**Fill in, sign, scan and mail form to: [bitten.jonsson@bittensaddiction.com](mailto:bitten.jonsson@bittensaddiction.com)**