

REGISTRATION PROCEDURE

To register, please complete the registration form on the back of this page, detach, and mail with check or credit card information by May 15, 2008 to:

Every Last Detail. (BTC)

2122 Saint Paul Street, 1st floor
Baltimore, MD 21218

If paying by credit card, you can register online at www.breakchains.org, or fax registration form to (410) 837-5883. A confirmation letter will be mailed upon receipt of your registration. If you do not receive a confirmation within 10 days of submitting your form, please call the conference office for assistance.

Space is available on a first come, first served basis. On-site registrations are subject to space availability.

REFUND POLICY

No refunds. Registrations are transferable. You may send someone in your place if you are unable to attend.

SPECIAL ACCOMMODATIONS

If you are in need of special accommodations (e.g., sign language interpretation,) please contact the conference office at (410) 837-3885, or toll-free (866) 951-7775, by April 30. TDD or TTY users may access this number via the Maryland Relay Network at (800) 735-2258.

CONFERENCE OFFICE

Every Last Detail

P.O. Box 30182
Baltimore, MD 87190

Phone: (410) 837-3885
Toll-free Phone: (866) 951-7775
Fax: (410) 837-5883

Email: Conference@breakchains.org



BREAKING THE CHAINS
2008



BREAKING THE CHAINS
BY
MAKING CONNECTIONS
MID-ATLANTIC REGIONAL CONFERENCE

JUNE 5-6, 2008

BALTIMORE CONVENTION CENTER
ONE WEST PRATT STREET, BALTIMORE, MD 21201

WWW.BREAKCHAINS.ORG

CO SPONSORED BY



OPEN SOCIETY INSTITUTE-BALTIMORE

WHO WE ARE



Break the Chains was founded in 2004 as a project of the Tides Center. The mission of Break the Chains is to support the development of a national movement within communities of color in support of drug policies that treat drug use and addiction as public health issues and are grounded in science, compassion, racial justice and human rights.

CONFERENCE AT A GLANCE

FRIDAY, JUNE 6, 2008

9:00AM - 6:00 PM - BTC Youth Conference

I. Justice or Just Us: Youth & The War on Drugs

II. Youth Open Space Breakout Session

Luncheon: Keynote Address

III. Where Do We Go From Here?

Community Social Event

SCHOLARSHIPS

Break the Chains is offering scholarships to attend the conference in Baltimore. As there are always more requests than money available, please only request what you need.

To apply, please submit a one-page letter which includes:

1. Name, address, phone, fax, and/or e-mail.
2. A paragraph explaining why you are applying for a scholarship. This may include why you are interested in the subject, how the information will be helpful in your work/community and what you hope to learn at the conference.
3. Are you willing to volunteer during the conference?
4. Detail of the funds you require. If requesting transportation – indicate city of departure and estimated travel costs.

SEND LETTER BY APRIL 30, 2008 TO:

BREAK THE CHAINS SCHOLARSHIP
295 Lafayette Street, Suite 501
New York, NY 10012

Questions: 410-837-3885 Fax: 410-837-5883
Toll Free Number: (866) 951-7775

E-mail: scholarships@breakchains.org

REGISTRATION FORM

(PLEASE PRINT)

See back for registration instructions mailing/fax information

Name _____

Title _____

Organization _____

Address _____

City _____

State _____ Zip _____

Phone _____

E-mail _____

Check here if you require vegetarian meals

Check here if you require translation services

Which language? _____

Please indicate which dates you will be attending:

Both Town Hall and Friday Town Hall only Friday only

Will you be attending the Youth Conference (There is space for only 200 people, priority will be given to students and young adults under 25 years of age)

Yes No

Please fill in below to indicate the total enclosed or to be charged to your credit card.

	COST	AMOUNT ENCLOSED
Registration Fee	\$25/Adult	\$ _____
Youth/Student Reg. Fee*	\$10/Youth	\$ _____
Group Rate**	\$22.50/Adult	\$ _____
	\$9/Youth	\$ _____
	TOTAL	\$ _____

*Youth Registration applies to persons of 25 years and younger.

**Group Rates: 10% discount for organizations that send 5 or more individuals. Registration forms MUST be sent together as a group.

PAYMENT METHOD

Check payable to Breaking The Chains, Inc.

Credit Card

Visa MasterCard American Express

Name on card: _____

Card number: _____

Exp. Date: _____

Signature: _____

**FOR UP TO DATE CONFERENCE INFORMATION, VISIT
OUR WEB SITE: <http://www.BreakChains.org>**

PLEASE CUT ALONG DOTTED LINE AND MAIL

