

**Louisiana Association of  
Substance Abuse Counselors and Trainers, Inc. (LASACT)**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 • Phone: 225-766-2992

Fax 225-766-8552 • e-mail: [admin@lasact.org](mailto:admin@lasact.org) • web site: [www.lasact.org](http://www.lasact.org)

**APPLICATION FOR CO-OCCURRING DISORDERS HOME  
STUDY COURSE**

**NAME:**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_\_\_  
 \_\_\_ Other Title \_\_\_\_\_ Last First Middle

**MAILING ADDRESS:**

Street/P.O. Box City State ZIP

**EMPLOYER:**

**OFFICE ADDRESS:**

Street City State ZIP

**OFFICE PHONE #:**

**HOME PHONE #:**

**CELL #:**

**FAX #:**

**E-MAIL ADDRESS:**

**LAC, CAC, RAC #**

**EXP. DATE**

**Make check or money order payable to LASACT, and mail application and fees to:**

LASACT – P.O. Box 80235 – Baton Rouge, LA 70898-0235

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If paying by credit card, please provide the following information. Application with Credit Card information may be faxed to LASACT at 225.766.8552. **NO COVER SHEET NEEDED FOR FAXES TO LASACT OFFICE.**

Credit Card Type & #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as Shown on Card: \_\_\_\_\_

Signature

Date

**Fee Structure**

	<b>LASACT Members</b>	<b>Non-Members</b>
Course Package	\$75.00	\$150.00
Shipping & Handling (U.S. Mail only)	\$10.00	\$ 10.00
Download from LASACT	-0-	-0-
<b>Total</b>	<b>\$85.00 (if mailed)</b>	<b>\$160.00 (if mailed)</b>