PRAIRIE RIDGE ADDICTION TREATMENT SERVICES
ADULT PRIME FOR LIFE (PRI) COURSES 2018

All buildings and grounds are tobacco free. Use of tobacco is prohibited at all times, including break periods and in vehicles in the parking lot. Nicotine gum and lozenges can be purchased for 30 cents. Your cooperation with this policy is appreciated. The * means both the 12-hour and 20-hour PRI Classes are held at the Holiday Inn Express, 3041 4th St SW, Mason City, IA 50401.

The following PRI session dates are available:

January
5th & 6th *
19th & 20th

February
9th & 10th *
23rd & 24th

March
2nd & 3rd *
23rd & 24th

April
6th & 7th *
20th & 21st

May
4th & 5th*
18th & 19th

June
1st & 2nd *
22nd & 23rd

July
13th & 14th *
27th & 28th

August
17th & 18th

September
7th & 8th *
21st & 22nd

October
5th & 6th *
19th & 20th

November
2nd & 3rd *
16th & 17th

December
7th & 8th *
14th & 15th

Meeting times are the same regardless of which session is selected: Friday 6:00 p.m. to 10:00 p.m. AND Saturday 8:00 a.m. to 5:00 p.m. Lunch is NOT provided on Saturday.

- I understand that I must pay the $180 entry fee in order to reserve a spot in class. If I have not paid, I WILL NOT be allowed in the class.
- I understand it is my responsibility to contact Prairie Ridge (641-424-2391) to let them know if I will not be able to attend a scheduled group session.
- I understand that if I should miss any group session, I will be removed from the list and will need to start the group over.
- I understand that once I have registered for a specific class, failure to attend that class will result in an additional registration fee of $90.00 to be paid before I will be allowed to register for another group session.

✂ Cut along dotted line and keep top copy for your information. Return below portion with payment to Prairie Ridge, PO Box 1338, Mason City, IA 50402-1338

_____

Client Name **DOB** **SS#**

_____

Street/City/State/Zip **Contact Phone Number**

Enclosed is my payment of $180.00. Please enroll me in the following PRI session:

_____ _____

Month **Dates**