

CONNECTICUT COUNCIL on
**PROBLEM
GAMBLING**

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Contact Information

For CCPG to be able to serve your specific needs, we request that you complete the fields below for each member of your organization, including yourself, that you wish to receive CCPG mailings. This will ensure that we have all of your information entered correctly into our database. If you wish to stop receiving CCPG mailings, please send back with name and STOP written across page.

Prefix _____

First Name _____

Last Name _____

Accreditations _____

Title in Organization _____

Organization _____

Department _____

Mailing Address 1 _____

Mailing Address 2 _____

City _____

State _____

Zip Code _____

Work Phone _____

Cell Phone _____

Fax _____

E-Mail Address of your organization _____

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- I want to be invited to participate in CCPG research
- I want to be invited annually to CCPG's conference
- I want to be invited to speak at CCPG events

THANK YOU!

