

**Addictive Disorder Regulatory Authority
(ADRA)**

Mailing List Request Form

Organization: _____ **Date:** _____

Address: _____

City, State: _____ **Zip:** _____

Contact Person: _____

Phone: (_____) _____ - _____ **Email Address:** _____

On behalf of the above organization, I hereby request a mailing list of individuals regulated by the Louisiana Addictive Disorder Regulatory Authority.

Format: Excel Word Access

Please check all that apply:

Contact Information: Physical Address Phone Number Email Address

Credentials: All LAC CAC RAC CIT
 LPP CPP RPP PSIT
 CCS CCGC

Payment: Company Check Money Order Request Invoice

\$250.00 Email: _____

Reason for request:

Print Name: _____

Signature: _____ **Date:** _____

**Please allow 14 days for processing
Email request (contact info listed on website)**

www.la-adra.org

-Or-

Mail request to:

ADRA

4919 Jamestown Avenue

Suite #203

Baton Rouge, LA 70808