



NACoA's Children's Program Kit

Create educational support programs for children K-12th grade impacted by addiction. Kids and teens can learn they are not alone, they didn't cause the disease of addiction and they can't cure it, but they can learn to cope with it. The curricula will help you teach skills such as solving problems, coping, social competence, autonomy, and a sense of purpose and future.

PRODUCT DESCRIPTION	QTY	PRICE	TOTAL COST
CHILDREN'S PROGRAM KIT – PRINTED <i>Includes program manual binder and flashdrive</i>		\$625 <i>Includes shipping/handling</i>	
CHILDREN'S PROGRAM KIT –ONLINE CURRICULUM ONE YEAR SUBSCRIPTION FOR ONE INDIVIDUAL <i>Includes online curriculum and supplemental materials</i>		\$575	
CHILDREN'S PROGRAM KIT –ONLINE CURRICULUM & ON-DEMAND TRAINING, ONE YEAR SUBSCRIPTION FOR ONE INDIVIDUAL <i>Includes online curriculum, on-demand training, and supplemental materials</i>		\$795	
CHILDREN'S PROGRAM KIT –ONLINE CURRICULUM & ON-DEMAND TRAINING, ONE YEAR SUBSCRIPTION FOR THREE INDIVIDUALS <i>Includes online curriculum, on-demand training, and supplemental materials</i>		\$1,295	
CHILDREN'S PROGRAM KIT –ONLINE CURRICULUM & ON-DEMAND TRAINING, ONE YEAR SUBSCRIPTION FOR TEN INDIVIDUALS <i>Includes On-Demand training <u>for ONE individual</u> and online curriculum and supplemental materials for ten individuals</i>		\$3,750	
LESS NACoA AFFILIATE 10% DISCOUNT ON CURRICULUM			
☐ Please contact me about online or in-person training/consulting options		Total	
SHIPPED UPS GROUND – CALL FOR SHIPPING ARRANGEMENTS OUTSIDE CONTINENTAL U.S.			
☐ Check or Money Order in U.S. Funds <i>Included with order form</i> ☐ Purchase Order Attached <i>Will invoice at time of shipment</i>			
CREDIT CARD INFORMATION ☐ Visa ☐ MasterCard ☐ American Express Credit Card Number _____ Expiration Date (MM/YYYY) ____/____ CVC (Security Code) _____ Name on Card _____ Authorized Signature _____			
SHIPPING ADDRESS <i>**Will be used as billing address unless otherwise specified</i> Name _____ Title _____ Company/Agency _____ Street Address _____ <i>Need Physical Address for Delivery, no P.O. Box</i> City _____ State _____ Zip/Plus 4 _____ Phone _____ Email _____			
THANK YOU FOR YOUR ORDER!		Scan/Email To: NACOA@NACOA.ORG 301.468.0985 / 888.55.4COAS (2627) Mail To: 615 Baltimore Pike STE H#1158, Bel Air, MD 21014	