

**NATIONAL COUNCIL ON ALCOHOLISM  
AND DRUG DEPENDENCE  
ROCHESTER AREA**

**INVITES YOU TO CELEBRATE OUR**

**80<sup>TH</sup>**  
**ANNIVERSARY**

**Friday, May 15, 2026**

**11:30 a.m.—2:00 p.m.**

(Registration will begin at 11:30 a.m.)

**Double Tree by Hilton**

1111 Jefferson Rd

Rochester, NY 14623

*Registration Deadline is Friday, April 17, 2026*

**KEYNOTE SPEAKER**

**CHARLES MORGAN, MD**



Charles Morgan, MD, DFASAM, FAAFP is a Distinguished Fellow of the American Society of Addiction Medicine and a Fellow of the American Academy of Family Physicians. He has been in long term continuous recovery from his own addiction for 45 years. His recovery has allowed him to have an amazing life which has included a career in addiction medicine and in music including concerts, opera and musical theater, as well as a fulfilling family and personal life. He is former Medical Director of the New York State Office of Addiction Services and Supports and has worked in both the public and private sectors, has held positions teaching other professionals, has published in both the academic anesthesia and addiction medicine literature, and has enjoyed his community work.

**FOR INFORMATION, PLEASE CONTACT**

**ELAINE ALVARADO AT**

**(585) 719-3481 OR [EALVARADO@DEPAUL.ORG](mailto:EALVARADO@DEPAUL.ORG)**

**[WWW.NCADD-RA.ORG](http://WWW.NCADD-RA.ORG)**



# National Council on Alcoholism and Drug Dependence

*Rochester Area*



Friday, May 15, 2026

11:30	Registration and Networking
11:45	Seating
11:55	Welcome
12:00	Opening Remarks/ Director's Report/ Annual Awards
Keynote	Charles Morgan, MD

Please make your check payable to NCADD-RA or provide credit card information. Online registration available at [www.ncadd-ra.org](http://www.ncadd-ra.org) or return this form with payment by **Friday, April 17, 2026** to:

NCADD-RA, Attention Elaine Alvarado  
1931 Buffalo Road  
Rochester, NY 14624

Name: \_\_\_\_\_ ☐ *Attending* Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Place(s) at \$70 per person

\_\_\_\_\_ Table of 10 – \$700 per table

\_\_\_\_\_ I am unable to attend but am making donation to NCADD-RA, to assist in getting messaging and resources to the community in the amount of:

☐ \$25

☐ \$50

☐ \$100

☐ Other Amount: \$ \_\_\_\_\_

With your table reservation, please list attendee names, **and check box if vegetarian meal is requested:**

- |           |                                     |
|-----------|-------------------------------------|
| 1. _____  | <input type="checkbox"/> Vegetarian |
| 2. _____  | <input type="checkbox"/> Vegetarian |
| 3. _____  | <input type="checkbox"/> Vegetarian |
| 4. _____  | <input type="checkbox"/> Vegetarian |
| 5. _____  | <input type="checkbox"/> Vegetarian |
| 6. _____  | <input type="checkbox"/> Vegetarian |
| 7. _____  | <input type="checkbox"/> Vegetarian |
| 8. _____  | <input type="checkbox"/> Vegetarian |
| 9. _____  | <input type="checkbox"/> Vegetarian |
| 10. _____ | <input type="checkbox"/> Vegetarian |

## Payment Information

☐ Visa ☐ Discover ☐ MasterCard ☐ Amex

Credit Card #:

Security Code:  Exp. Date:

Amount charged: \$

Signature: \_\_\_\_\_

Billing name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Address where card statement is received)

Refund Policy: **ALL registrations are NON-REFUNDABLE**