SOCIAL WORKERS ARE ESSENTIAL

Registration Request
2021 *Virtual* Spring CE Conference for Social Workers

Thursday, Friday & Saturday, May 13, 14 & 15, 2021

Send by May 3rd to: Fax: (304) 720-3766 or Email: Admin.NASWWV@SocialWorkers.org

Please Print Clearly - See Registration Instructions for Additional Information

First Name _____ MI _____ Last _____

Job Title _____ Employer _____ NASW Member #* (if applicable) _____
Note: Not same as social work license #

Mailing Address (*check:* ☐ *work* ☐ *home*) _____ City _____ State _____ Zip Code _____

Email _____

Daytime Phone ( ) _____ - _____ ext _____ Cell Phone ( ) _____ - _____ Evening Phone ( ) _____ - _____

PROFESSIONAL INFORMATION:

Degree/s _____

License #: _____ State: _____

License #: _____ State: _____

LICENSE TYPE:

☐ LICSW ☐ LCSW ☐ LGSW ☐ LSW
☐ Provisional/Temp/Restricted
☐ LPC
☐ MFT
☐ NHA
☐ NSG
Other: _____

DEMOGRAPHICS:

Ethnic/Racial Origin (Check one)
☐ African American/Black (not Hispanic/Latino in origin)
☐ American Indian or Alaskan Native
☐ Asian American or Pacific Islander
☐ Chicano/Mexican American
☐ Puerto Rican
☐ Other Hispanic/Latino
☐ White/Caucasian (not Hispanic/Latino in origin)
☐ Other (specify)_____

DEMOGRAPHICS: *Continued*

Gender: ☐ Male ☐ Female Age: _____
Work Address *(if not same as above)*: _____
_____
# of years at this work location: _____
Name of College/University attended:
_____Year graduated: _____
Health Profession Discipline: _____

Conference Speakers recieve a registration discount as a token of our appreciation! List your session session number/s here: _____
You pay NO fee for the day/s you speak. Pay the applicable Student rate (member/nonmember) for other days you wish to attend. Be sure to add any optional fees.

Fees: *(check category & circle amount)*

	FULL CONFERENCE	ONE DAY *Check which day*	TWO DAYS *Check which days*
Please Check Appropriate Box & Circle the fee amount		☐ Th ☐ Fri ☐ Sat	☐ Th ☐ Fri ☐ Sat
☐ NASW Member *enter membership # above*	$112	$ 72	$ 92
☐ Non-Member * *Join now & save! See below.*	$140	$105	$125
☐ Student Member *enter member # above*	$ 57	$ 37	$ 47
☐ Non-Member-Full-Time Student	$ 98	$ 78	$ 88
☐ Fully Unemployed/Retired Member *enter #*	$ 74	$ 54	$ 64
☐ Fully Unemployed or Retired Non-Member	$106	$ 86	$ 96

New Member Discount: Join NASW as *new WV Chapter member at the Regular or Associate* member level & SAVE! Join online at *www.SocialWorkers.org* then enter your member # above and pay just $50 as your conference registration fee! *Optional fees not included. Subject to eligibility and verification. Not available at already low student member rates.*

Payment Calculation

Registration Fee: $_____

Optional Fees: *Circle option & add fee in Total*

Attendance Certificate $10.00
Requires return of completed CE Recording Form

NASWAC Donation $15.00*
Suggested donation for political action committee
Public employees & non-members please disregard

NASW Foundation $20.00
Suggested donation to WV Chapter Fund - For tax deduction write a separate check to: NASW Foundation

Total Enclosed: $_____

Enter Session Selections Below

Tell us what you plan to attend. A few sessions are limited. If your choice isn't available you can attend another session at that time. You'll verify attendance after the conference by sending a copy of your CE Recording Form. **Confirmaton:** Submit registration by May 3rd to recieve a confirmation email by May 10th (*check your spam folder)*. If you do not recieve an email confirmation & wish to confirm please call (304) 345-6279. *Thank you!*

Choices *Write Session # Choices in Spaces Provided*	Thurs, May 13, 2021	Fri, May 14, 2021	Sat, May 15, 2021
9-10	Opening Session	E____	**Bil Lepp** *Appalachian Storyteller*
10:30-12	A____	F____	K____
1-3	B____	G____	
3:30-4:30	C____	H____	L____
5:30-7:30	Evening Session D____	Evening Session J____	

Payment Method:

Make checks payable to: ***NASW, WV Chapter***

Mail to: **NASW Spring Conference**
1608 Virginia Street East
Charleston, WV 25311

Fax: (304) 720-3766

Payment method *(check one):*

☐ Personal check/money order ☐ Agency check

☐ Agency purchase order *attach authorized PO form*

☐ Credit Card: *VISA, MasterCard, Discover*
Complete all sections below for credit card payment:

Card # _____

Exp. Date _____/_____ CVV# _____ *3 digits on back of card*

Print Cardholder Name_____

Billing Address & Zip Code _____

Email Receipt to _____
(if different from above)

Authorized Signature _____