



2020 Spring Conference Registration Request

Use One Form Per Person Fax: (304) 720-3766 PAY ONLINE via www.NASWWV.org

PLEASE PRINT CLEARLY - SEE ALSO REGISTRATION INSTRUCTIONS

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:	LICENSE TYPE: <input type="checkbox"/> LICSW <input type="checkbox"/> LCSW <input type="checkbox"/> LGSW <input type="checkbox"/> LSW <input type="checkbox"/> Provisional LSW <input type="checkbox"/> LPC <input type="checkbox"/> MFT <input type="checkbox"/> NHA <input type="checkbox"/> NSG Other: _____	DEMOGRAPHICS: Ethnic/Racial Origin (Check one) <input type="checkbox"/> African American/Black (not Hispanic/Latino in origin) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American or Pacific Islander <input type="checkbox"/> Chicano/Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic/Latino <input type="checkbox"/> White/Caucasian (not Hispanic/Latino in origin) <input type="checkbox"/> Other (specify) _____	DEMOGRAPHICS: Continued Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____	
	Degree/s _____			
	License #: _____ State: _____			
License #: _____ State: _____				

Workshop Presenters: You can receive a registration discount as a token of our appreciation! List your session number/s here: _____
 Pay no fee for the day/s you present. Pay the applicable student rate (early/regular; member/nonmember) for other days you wish to attend. Include any optional fees.

Note on Accommodations: For reasonable accommodation consideration please include a written request with your registration form & payment and submit by April 3rd. Requests received after this date may not be able to be processed or fulfilled in time for the activity.

Fees: (check category & circle amount)	FULL CONFERENCE		ONE DAY FEES		TWO DAY FEES		Payment Calculation
	by 3/31	after 3/31	by 3/31	after 3/31	by 3/31	after 3/31	
Please check the appropriate box <u>and</u> circle the fee							Registration Fee: \$ _____
<input type="checkbox"/> NASW Member enter membership # above	<i>Early-Bird Savings!</i> \$125	\$160	<i>Early-Bird Savings!</i> \$90	\$120	<i>Early-Bird Savings!</i> \$110	\$140	Optional Fees: Circle those chosen & add fee Attendance Certificate \$10.00 <small>Action required: See details in brochure</small> NASWAC Reception \$15.00* <small>Suggested donation; Public employees and non-members please disregard</small> NASW Foundation \$20.00 <small>Donation to NASW Foundation-WV Chapter Fund For tax deduction write separate check to NASW Found.</small>
<input type="checkbox"/> Non-Member * Join now & save! See below.	\$173	\$215	\$123	\$150	\$155	\$186	
<input type="checkbox"/> Student Member enter member # above	\$70	\$95	\$50	\$75	\$60	\$85	
<input type="checkbox"/> Non-Member-Full-Time Student	\$121	\$147	\$93	\$115	\$109	\$131	
<input type="checkbox"/> Fully Unemployed/Retired Member enter #	\$95	\$104	\$77	\$99	\$85	\$109	
<input type="checkbox"/> Fully Unemployed or Retired Non-Member	\$151	\$171	\$116	\$137	\$132	\$156	
New Member Discount: Join NASW as <u>new Regular</u> or <u>Associate</u> member & SAVE! Join online at www.SocialWorkers.org then enter member # and pay just \$50 as your conference registration fee! Optional fees not included. Subject to eligibility. Call for info as needed. Not available at already low student member rates.							
Group Discount: Save 5% when you register <u>5 or more</u> people <u>at one time</u> with a <u>single payment source</u> . Available by mail/fax only (fax requires VISA/MC or PO). <u>Discount applies to registration fee only.</u> <small>Instructions: Circle fees amount on each form. Attach worksheet. Mistakes may delay processing.</small>							
Total Enclosed: \$ _____							

Make Workshop Selections Below

Pre-register below for workshops you wish to attend. Enter 3 choices (1st, 2nd & 3rd) in each time period you'll attend. See Workshop Descriptions for content details. If your 1st choice is filled we'll enroll you in your 2nd (or 3rd) as available. If all are filled you can select alternates at the conference. If you overlook this section we'll process your registration and you can select alternates at the conference. **Confirmation:** If you register by April 16 you should receive a confirmation email message by April 23. If not, feel free to call (304) 345-0789 on April 24 or 25 to confirm.

Choices Enter Session #s in spaces provided	Wed, Apr. 29, 2020	Thurs, Apr. 30, 2020	Fri, May 1, 2020
	9:00-10:15 Kathryn Wehrmann Opening Keynote 'A'	9:00-10:10 Carrie Pettus-Davis Thursday Keynote 'D'	9:00-10:15 Bill Lepp Friday Keynote 'J'
	10:45-11:45 1st B _____ 2nd B _____ 3rd B _____	10:30-12:00 1st E _____ 2nd E _____ 3rd E _____	10:45-12:15 1st K _____ 2nd K _____ 3rd K _____
	1:15-4:30 1st C _____ 2nd C _____ 3rd C _____	1:15-3:15 1st F _____ 2nd F _____ 3rd F _____	1:30-3:00 1st L _____ 2nd L _____ 3rd L _____
	4:45-5:45 Social Work in WV Annual Meeting	3:30-4:30 1st G _____ 2nd G _____ 3rd G _____	3:15-4:15 1st M _____ 2nd M _____ 3rd M _____
		6:30-8 1st H _____	



Payment Method:

Make checks payable to: **NASW, WV Chapter**
Mail to: NASW Spring Conference Fax: (304) 720-3766
 1608 Virginia Street East
 Charleston, WV 25311

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 _____