



Registration Request

2022 Virtual Spring CE Conference for Social Workers

Wednesday, Thursday, Friday - May 4, 5 & 6, 2022

Send by April 29th to: LRatliff.NASWWV@SocialWorkers.org or Fax: (304) 720-3766

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: <input type="checkbox"/> LICSW <input type="checkbox"/> LCSW <input type="checkbox"/> LGSW <input type="checkbox"/> LSW <input type="checkbox"/> Provisional/Temp/Restricted <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 Pronouns: _____ Age: _____ Work Address (if not same as above): _____ # of years at this work location: _____ Name of College/University attended: _____ Year graduated: _____ Health Profession Discipline: _____
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Conference Speakers receive a registration discount as a token of our appreciation! List your 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 <i>Check which day</i>	TWO DAYS <i>Check which days</i>	Payment Calculation
<i>Please Check Appropriate Box & Circle the fee amount</i>		<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fri	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fri	Registration Fee: \$ _____
<input type="checkbox"/> NASW Member enter membership # above	\$112	\$ 72	\$ 92	Optional Fees: Circle option & add fee in Total
<input type="checkbox"/> Non-Member * Join now & save! See below.	\$140	\$105	\$125	Attendance Certificate \$10.00 <i>Requires return of completed CE Recording Form</i>
<input type="checkbox"/> Student Member enter member # above	\$ 57	\$ 37	\$ 47	NASWAC Donation \$15.00* <i>Suggested donation for political action committee Public employees & non-members please disregard</i>
<input type="checkbox"/> Non-Member-Full-Time Student	\$ 98	\$ 78	\$ 88	NASW Foundation \$20.00 <i>Suggested donation to WV Chapter Fund - For tax deduction write a separate check to: NASW Foundation</i>
<input type="checkbox"/> Fully Unemployed/Retired Member enter #	\$ 74	\$ 54	\$ 64	Total Enclosed: \$ _____
<input type="checkbox"/> 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.*

Enter Session Selections Below

Tell us what you plan to attend - some 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. **Confirmation:** Submit registration by April 29 to receive a confirmation email by May 3 (check your spam folder). If you do not receive an email confirmation & wish to confirm please call

Payment Method:

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

Mail to: NASW Spring Conference **Fax:**
 400 Patterson Lane (304) 720-3766
 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 _____

	Weds, May 4, 2022	Thurs, May 5, 2022	Fri, May 6, 2022
Choices	9-10:30 Welcome & Opening Keynote	8:30-9:15 Thursday Keynote	9-10 Friday Keynote
Write Session # Choices in Spaces Provided	9-10:30 A _____	9:30-10:30 E _____	11:00-12:30 K _____
	11-12:30 B _____	11-12:30 F _____	1:30-3:00 L _____
	3:30-4:30 C _____	1:30-3:30 G _____	
	4:00-5:00 D _____	4:00-5:00 H _____	
	5:30-7:30 Evening Session	5:30-7:30 Evening Session	
		J _____	