*Use One Form Per Person Please • Make Additional Copies as Needed*

# Registration Request Form

***Or register ONLINE at: www.NASWWV.org***

***SEE BACK PANEL FOR REGISTRATION INSTRUCTIONS & DEADLINES - PLEASE PRINT CLEARLY***

First Name _____ MI ___ Last _____

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

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 LSW
☐ 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: _____

**Workshop Presenters:** You're eligible for 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. Add in any optional fees payments.*

**Note on Accommodations:** For special accommodation consideration please include a written request with your registration form & payment and submit them by April 5th. Requests received after this deadline may not be able to be processed or fulfilled in time for the activity.

## Fees: *(check category & circle amount)*

*Please check the appropriate box and circle the fee*

| | FULL CONFERENCE | | ONE DAY FEES | | TWO DAY FEES | |
|---|---|---|---|---|---|---|
| | *by 3/30* | *after 3/30* | *by 3/30* | *after 3/30* | *by 3/30* | *after 3/30* |
| ☐ NASW Member *enter membership # above* | *Early-Bird Savings!* $115 | $145 | *Early-Bird Savings!* $ 75 | $103 | *Early-Bird Savings!* $ 93 | $121 |
| ☐ Non-Member * *Join now & save! See above.* | $149 | $182 | $105 | $125 | $132 | $153 |
| ☐ Student Member *enter member # above* | $ 55 | $ 75 | $ 40 | $ 60 | $ 50 | $ 70 |
| ☐ Non-Member-Full-Time Student | $100 | $120 | $ 77 | $ 95 | $ 90 | $110 |
| ☐ Fully Unemployed/Retired Member *enter #* | $ 81 | $ 94 | $ 61 | $ 79 | $ 73 | $ 93 |
| ☐ Fully Unemployed or Retired Non-Member | $126 | $146 | $ 96 | $116 | $112 | $134 |

**New Member Discount:** Join NASW as *new Regular or Associate* member & save up to $110! Join online @ *www.SocialWorkers.org or print membership app from www.NASWWV.org* & pay only $75 as your conference registration fee! Subject to new member verification. Call for details. Not available at already low student member categories.

**Group Discount: Save 5%** when you register **5+** people **at one time** with **a single payment source**. *Available by mail/fax only (fax requires VISA/MC or PO). Discount applies to registration fee only.* Instructions: Circle fee amount on each form. Attach worksheet showing all fees & totals. Mistakes may delay processing.

## Payment Calculation

**Registration Fee: $_____**

**Optional Fees:** *Circle each option & include fee*

***Attendance Certificate*** $10.00
*See follow-up details in brochure or online*

***NASWAC Reception*** $15.00*

***NASW Foundation*** $20.00
*Donation to NASW Foundation-WV Chapter Fund*
*For tax deduction write separate check to NASW Found.*

**Total Enclosed: $_____**

** Suggested donation for NASWAC Reception*
*Public employees and non-members may disregard*

## Make Workshop Selections Below / Confirmation Notice

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 important details. If your 1st choice is filled we'll automatically enroll you in your 2nd (or 3rd) as available. If all are filled you can select alternates when you get to the conference. If you overlook this section you can select from available workshops when you get to the conference. **Confirmaton:** If you register by April 15 you should receive a confirmation email message or postcard by April 25. If not please call us April 26 - 28 to confirm.

| | *Choices* | Wed., April 30, 2014 | Thurs., May 1, 2014 | Fri., May 2, 2014 |
|---|---|---|---|---|
| | *Enter Session #* | | | |
| **Morning** | 1st | 9:00-10:15 Keynote Address | 8:30-9:30 C____ | 8:30-11:30 H____ |
| | 2nd | | C____ | H____ |
| | 3rd | | C____ | H____ |
| | 1st | 11:00-12:00 A____ | 10:00-11:30 D____ | |
| | 2nd | A____ | D____ | |
| | 3rd | A____ | D____ | |
| **Afternoon** | 1st | 1:30-4:30 B____ | 1:45-2:45 E____ | 1:00-2:00 J____ |
| | 2nd | B____ | E____ | J____ |
| | 3rd | B____ | E____ | J____ |
| | 1st | G____ **Thursday *Evening* Choices** | 3:15-4:45 F____ | 2:15-3:45 K____ |
| | 2nd | G____ | F____ | K____ |
| | 3rd | | F____ | K____ |

## Payment Method:

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

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

***My payment method is*** *(check one):*

☐ personal check/money order ☐ agency check

☐ agency purchase order *attach authorized PO form*

☐ VISA/MasterCard *(Register online to use other credit cards)*

***Complete items below for VISA/MC payment:***

VISA/MC # _____

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

Print Cardholder Name_____

Card Billing Address _____

Authorized Signature _____