

2010 Conference Registration Form (one form per person / copy as needed)

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Primary Phone: _____ Secondary Phone: _____
 E-Mail: _____
 NASW Member: Yes / No Member ID: _____ SSWLHC Member: Yes / No
 Job Title: _____ Place of Employment: _____

FAX to:
 (850) 561-6279

MAIL to:
 NASW-FL
 1931 Dellwood Drive
 Tallahassee, FL 32303

This information is collected for networking purposes and will be used for your Conference name badge.

Disability Accommodations Required: _____
Requests for accommodations received after May 14, 2010 may not be processed or fulfilled in time for the activity.

NON-MEMBERS: Join NASW now and attend the entire Conference for **50% off!** Available only to new members. Must include application and separate payment. Pre-conference events not eligible. Visit www.socialworkers.org for membership information.

- PRE-CONFERENCE:**
- | | |
|--|---|
| <input type="checkbox"/> Licensure Review "Prep Course" (Member \$140 / Non-Member \$175) | <input type="checkbox"/> Add conference \$200 |
| <input type="checkbox"/> Clinical Supervision (Member \$200 / Non-Member \$250) | <input type="checkbox"/> Add conference \$200 |
| <input type="checkbox"/> Florida Laws and Rules (Member \$140 / Non-Member \$175) | <input type="checkbox"/> Add conference \$200 |
| <input type="checkbox"/> License Combo (Prep Course, Laws & Rules, PME, HIV) (Member \$280 / Non-Member \$350) | |
| <input type="checkbox"/> Working with Military, Veterans, and their Families (Member \$60 / Non-Member \$75) | |
| <input type="checkbox"/> "My Co-Therapist is a Dolphin" Excursion Trip (Member \$150 / Non-Member \$185) | |
| <input type="checkbox"/> Social Work Career Development (Member \$50 / Non-Member \$65 / Student \$35) | |

MAKE YOUR BREAKOUT SESSION SELECTIONS HERE: Check one box for *each* time period you are attending.

- | | | | | | | | | | | | | |
|--------------------|------------------------------|------------------------------|------------------------------------|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------------|
| Thursday Morning | <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> A3 | <input type="checkbox"/> A4 | <input type="checkbox"/> A5 | <input type="checkbox"/> A6 | <input type="checkbox"/> A7 | <input type="checkbox"/> A8 | <input type="checkbox"/> A9 | <input type="checkbox"/> A10 | <input type="checkbox"/> A11 | <input type="checkbox"/> A12 |
| Thursday Afternoon | <input type="checkbox"/> B1 | <input type="checkbox"/> B2 | <input type="checkbox"/> B3 | <input type="checkbox"/> B4 | <input type="checkbox"/> B5 | <input type="checkbox"/> B6 | <input type="checkbox"/> B7 | <input type="checkbox"/> B8 | <input type="checkbox"/> B9 | <input type="checkbox"/> B10 | <input type="checkbox"/> B11 | <input type="checkbox"/> B12 |
| Thursday Evening | <input type="checkbox"/> C1 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | <input type="checkbox"/> C4 | | | | | | | | |
| Friday Morning 1 | <input type="checkbox"/> D1 | <input type="checkbox"/> D2 | <input type="checkbox"/> D3 | <input type="checkbox"/> D4 | <input type="checkbox"/> D5 | <input type="checkbox"/> D6 | <input type="checkbox"/> D7 | <input type="checkbox"/> D8 | <input type="checkbox"/> D9 | <input type="checkbox"/> D10 | <input type="checkbox"/> D11 | <input type="checkbox"/> D12 |
| Friday Morning 2 | <input type="checkbox"/> E1 | <input type="checkbox"/> E2 | <input type="checkbox"/> E3 | <input type="checkbox"/> E4 | <input type="checkbox"/> E5 | <input type="checkbox"/> E6 | <input type="checkbox"/> E7 | <input type="checkbox"/> E8 | <input type="checkbox"/> E9 | <input type="checkbox"/> E10 | <input type="checkbox"/> E11 | <input type="checkbox"/> E12 |
| Friday Afternoon | <input type="checkbox"/> F1 | <input type="checkbox"/> F2 | <input type="checkbox"/> F3 | <input type="checkbox"/> F4 | <input type="checkbox"/> F5 | <input type="checkbox"/> F6 | <input type="checkbox"/> F7 | <input type="checkbox"/> F8 | <input type="checkbox"/> F9 | <input type="checkbox"/> F10 | <input type="checkbox"/> F11 | <input type="checkbox"/> F12 |
| Saturday Morning | <input type="checkbox"/> G1 | <input type="checkbox"/> G2 | <input type="checkbox"/> G3 | <input type="checkbox"/> G4 | <input type="checkbox"/> G5 | <input type="checkbox"/> G6 | <input type="checkbox"/> G7 | <input type="checkbox"/> G8 | <input type="checkbox"/> G9 | <input type="checkbox"/> G10 | <input type="checkbox"/> G11 | <input type="checkbox"/> G12 (ETH) |
| Saturday Afternoon | <input type="checkbox"/> G10 | <input type="checkbox"/> G11 | <input type="checkbox"/> G12 (PME) | <input type="checkbox"/> G12 (DV) | | | | | | | | |

MAKE YOUR EVENT SELECTIONS HERE: Help us plan by indicating if you are going to attend the following events:

- | | |
|---|--|
| Social Work Job Fair (Wednesday, June 9, 5:30–7:30 p.m.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conference Orientation for 1 st Time Attendees (Wednesday, June 9, 7:30–8:30 p.m.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PACE Dinner (Thursday, June 10, 5:30–7:00 p.m.) (\$10 minimum donation suggested) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

FEES: check category & circle amount	FULL CONFERENCE		SINGLE DAY RATES		PAYMENT CALCULATION
	Before 5/14	After 5/14	Before 5/14	After 5/14	
<input type="checkbox"/> NASW or SSWLHC Members	\$220	\$250	\$110	\$125	Registration Fee: \$ _____
<input type="checkbox"/> Student, Retired, or Unemployed NASW or SSWLHC Member	\$110	\$125	\$55	\$65	Pre-Conference: \$ _____
<input type="checkbox"/> Non-Member	\$280	\$310	\$140	\$155	PACE Dinner: \$ _____ <i>\$10 minimum donation (See Page 11 for details)</i>
<input type="checkbox"/> Student, Retired, or Unemployed Non-Member	\$140	\$155	\$70	\$80	Total Enclosed: \$ _____

Payment Method: Make checks payable to: NASW-FL

My payment is being made by: Personal Check Purchase Order VISA/MC/AMEX Agency Check

Card #: _____ Expiration Date: _____

Name (Print): _____ Authorized Signature: _____