

2017 Annual Meeting & Conference Registration Form

Please fill out and return a hard copy of this form **only if you are paying by check**. Use this form to register 5 people from the same institution. This form may be duplicated or you may obtain additional forms at www.sswlhc.org. Faxed registrations are not accepted. Online registration with a credit card is strongly encouraged.

A \$5.00 check processing fee will apply to all check payments. Registrations will not be processed without payment.

FIRST NAME / LAST NAME (1ST ATTENDEE)

TITLE

INSTITUTIONAL AFFILIATION

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (2ND ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (3RD ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (4TH ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (5TH ATTENDEE)

TITLE

MEMBER CATEGORY

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

Foundation Reception at \$45 each \$ _____
(tax deductible donation)

Guest (Included in your fee. Additional attendees only)

Welcome Reception at \$40 each \$ _____

Membership Renewal (Expiration 6/30/18)

- Management at \$149 each
- Direct Patient Care at \$99 each
- Faculty at \$94
- Transitional/Unemployed/Retired Emeritus at \$79
- Student at \$59
- Associate at \$174 each

Subtotal \$ _____

Check processing fee + \$5.00

Total Amount Due \$ _____

Join and Register! Become a SSWLHC member today and register for the 2017 Meeting & Conference at the member price. Complete an online member application at <http://sswlhc.org/join/become-a-member/> to take advantage of the member discount.

Contact Information

Toll Free Phone: (866) 237-9542 Email: info@sswlhc.org

Return this form with a check to:
SSWLHC, 100 North 20th Street, Suite 400, Philadelphia, PA 19103-1443

Payment Information

Check or Money Order Enclosed
(All checks must be made payable to SSWLHC and in U.S. Dollars)

Tax ID # 23-3100897 DUNS# 962585829

Check Number: _____ Amount of Check: \$ _____

Visa MC Amex

Account Number: _____

Expiration: _____ Security Code: _____

Name on Card: _____

Vegetarian Meal Requested

First Time Attendee

(Please check here if this is your first SSWLHC Annual Conference.)

Special Assistance Required

(A SSWLHC staff member will contact you.)

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee 5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registration Fee Schedule

All Fees Payable in U.S. Dollars

CATEGORY

Fees listed reflect a 15% discount for registering five or more people from one institution. If fewer people are registered standard fees will apply.

Member	\$595.00/ea
Non-Member	\$697.00/ea
<small>Includes SSWLHC Membership through June 30, 2018*</small>	
Student Rate (Full-time students only)	\$318.75/ea
<small>**NOTE: Students must submit a copy of their student ID with payment.</small>	
One Day Only (Thurs or Fri)	\$229.50/ea
One Day Only (Saturday)	\$127.50/ea

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee 5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registration Fee \$ _____

Optional Pre-Conference Intensives

Wednesday, October 11, 2017

(Register for an intensive only or add one to your conference registration.)

I-1: Leadership Institute (Tues & Wed 10/10-10/11, \$225)

I-2: Pediatric Health Care Social Work Intensive (\$175)

I-3: Social Work Management Boot Camp (\$99)

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee 5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pre-conference Intensive \$ _____

Optional Day of Service Opportunities

Wednesday, October 11, 2017

Volunteer as a kitchen assistant at Moveable Feast

Morning Session 8:30 a.m. - 12:30 p.m.

Afternoon Session 11:30 a.m. - 3:30 p.m.

No fee to participate, limited to 20 people each session.

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee 5

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>