

# 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.sswlh.org](http://www.sswlh.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

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (2ND ATTENDEE)

TITLE

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (3RD ATTENDEE)

TITLE

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (4TH ATTENDEE)

TITLE

GUEST NAME BADGE (WELCOME RECEPTION)

FIRST NAME / LAST NAME (5TH ATTENDEE)

TITLE

GUEST NAME BADGE (WELCOME RECEPTION)

☐ **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.)

## Registration Fee Schedule - All Fees Payable in U.S. Dollars

CATEGORY	POSTMARKED BY SEPTEMBER 13, 2017	POSTMARKED AFTER SEPTEMBER 13, 2017
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*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	<input type="checkbox"/> \$493.00/ea	<input type="checkbox"/> \$595.00/ea
Non-Member	<input type="checkbox"/> \$586.50/ea	<input type="checkbox"/> \$697.00/ea
Includes SSWLHC Membership through June 30, 2018* (*for first time members only)		
Student Rate (Full-time students only)	<input type="checkbox"/> \$276.75/ea	<input type="checkbox"/> \$318.75/ea
One Day Only (Thurs or Fri)	<input type="checkbox"/> \$216.75/ea	<input type="checkbox"/> \$229.50/ea
One Day Only (Saturday)	<input type="checkbox"/> \$114.75/ea	<input type="checkbox"/> \$127.50/ea

**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, \$195)  
☐ I-2: Pediatric Health Care Social Work Intensive (\$155)  
☐ I-3: Leaning into Leadership in Case Management (\$85)

**Pre-conference Intensive** \$ \_\_\_\_\_

**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.

**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** \$ \_\_\_\_\_

## 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: \$ \_\_\_\_\_

## Contact Information

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

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