

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) _____

- 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
----------	-------------------------------------	--

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
<small>Includes SSWLHC Membership through June 30, 2018*</small>		
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

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