

2018 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 \$60 each \$ _____
(tax deductible donation)

Guest (Included in your fee. Additional attendees only.)

Welcome Reception at \$60 each \$ _____

Membership Renewal (Expiration 6/30/19)

- 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: \$ _____

Join and Register! Become a SSWLHC member today and register for the 2018 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

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	POSTMARKED BY SEPTEMBER 5, 2018	POSTMARKED AFTER SEPTEMBER 5, 2018
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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	\$497.25/ea	\$599.25/ea
Non-Member	\$590.75/ea	\$701.25/ea
Includes SSWLHC Membership through June 30, 2018*		
Student Rate (Full-time students only)	\$280.50/ea	\$323.00/ea
**NOTE: Students must submit a copy of their student ID with payment.		
One Day Only (Thurs or Fri)	\$221.00/ea	\$233.75/ea
One Day Only (Saturday)	\$119.00/ea	\$131.75/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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Registration Fee \$ _____

Optional Pre-Conference Intensives

Wednesday, October 3, 2018

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

- I-1: Leadership Institute (Tues & Wed 10/2-10/3, \$195 by 9/5, \$225 after 9/5)
- I-2: Pediatric Health Care Social Work Intensive (\$155 by 9/5, \$175 after 9/5)
- I-3: Epic Half-Day Intensive (\$85 by 9/5/18, \$99 after 9/5)
- I-4: Hospice & Palliative Care Half-Day Intensive (\$85 by 9/5/18, \$99 after 9/5)

Attendee 1 Attendee 2 Attendee 3 Attendee 4 Attendee 5

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Pre-conference Intensive \$ _____

Optional Day of Service Opportunities

Wednesday, October 3, 2018

Volunteer with "Store-to-Door": (limited to 8 people) – No fee – Description of Activity: We will be grocery shopping for seniors who are homebound. Meet in the hotel lobby at 8:00 a.m. More info about the organization can be found here: <https://www.storetodooroforegon.org/volunteer/>

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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