



concert



SSWLHC

Society for Social Work
Leadership in Health Care

Suicide Safer Care in Primary Care: Safety Planning, Risk Assessment, and Follow-up

Please fill out and return a hard copy of this form only if paying by check.

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

MEMBER CATEGORY

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

Please Check One

- Member - \$750.00
 - Non-Member - \$800.00
 - Master's Student - \$125.00
 - Organizations with up to 3 attendees - \$700 (per attendee*)
- *Please include contact information for ALL attendees

Subtotal

Check processing fee \$ _____

+ \$5.00

Total Amount Due

\$ _____

FIRST NAME / LAST NAME (2ND ATTENDEE)

TITLE

INSTITUTIONAL AFFILIATION

MEMBER CATEGORY

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

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: \$ _____

FIRST NAME / LAST NAME (3RD ATTENDEE)

TITLE

INSTITUTIONAL AFFILIATION

MEMBER CATEGORY

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

Contact Information

Toll Free Phone: (844) 957-7768

Email: info@sswlhc.org

Return this form with a check to:
SSWLHC, P.O. Box 175, Devault, PA 19342

New Address!!