

REGISTRATION FORM

Name: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: (____) _____ **Work Phone:** (____) _____

Email: _____

Please select a category:

Rates:

Professional Rates:

NASW Member [# _____] _____ \$ 250
(Membership must be active at time of registration and will be verified.)

Non-Member _____ \$ 325

Presenter Rates: *(Presenter registration due by February 10, 2024)*

Presenter-Workshop NASW Member [# _____] _____ \$ 100
(Membership must be active at time of registration and will be verified.)

Presenter-Workshop Non-member _____ \$ 195

Student Rates:

Student NASW Member [# _____] _____ \$ 40
(Membership must be active at time of registration and will be verified.)

Student Non-member _____ \$ 65

Check Payments: *All checks must be received by **March 1, 2024**. Make checks payable to **NASW- MS**. Please mail checks and completed registration form to **P.O. 5599, Pearl, MS 39288**. Returned checks will cost \$35 plus any additional bank processing charges.*

Online Payments: *Online registration will remain open until **March 4, 2024**. **ALL CONFIRMATIONS & RECEIPTS WILL BE EMAILED AT THE TIME OF REGISTRATION**. Please keep a copy for personal records.*

Refund Policy: *All registrations are final. **NO REGISTRATION REFUNDS**. All funds may be credited toward future events.*

Permissions: *Please initial here _____ giving NASW-MS permission to email and/or text you about upcoming NASW-MS advocacy, community, and educational events.*

Signature: _____

Date: _____