

CONFERENCE REGISTRATION FORM

Each participant must complete an individual registration form.

◆ Registration Information ◆

First Name: _____ Last Name: _____

Name on Badge (if different from above) _____

Organization/Agency: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Accommodations

Rooms are available at the Holiday Inn Grantville at the discounted rate of \$89.00/night plus taxes.

Reference: "PCADV Conference." Rooms must be reserved by 8/24/09 by calling 717-469-0661.

Special Accommodations or Services

Please indicate if, under the Americans with Disabilities Act, you require special accommodations or services in order to attend the training. You will be contacted by PCADV regarding your needs.

Yes No

Dietary Preference

Please indicate if you have a dietary preference: Vegan Vegetarian No Red Meat No Preference

◆ Registration Selection and Fees ◆

Fee: \$95.00/person for breakfast/lunch and materials for two days.

Fee: \$50.00/person for breakfast/lunch and materials for one day.

Please choose the session(s) you will be attending and if you are requesting CLE or CE credits.

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> BOTH DAYS (September 24 & 25, 2009) | <input type="checkbox"/> CLE credits | <input type="checkbox"/> CE credits |
| <input type="checkbox"/> ONLY September 24, 2009 | <input type="checkbox"/> CLE credits | <input type="checkbox"/> CE credits |
| <input type="checkbox"/> ONLY September 25, 2009 | <input type="checkbox"/> CLE credits | <input type="checkbox"/> CE credits |

Fees for Continuing Education Credits

\$10.00 per credit for 8 Continuing Legal Education Credits (CLE) (both days)

\$20.00 NASW Members/\$40.00 Non-Members for 8.5 Continuing Education (CE) Social Work Credits (both days)

**Payment for CLE and CE credits must be made at the conference –
DO NOT INCLUDE THE CREDIT FEES WITH YOUR REGISTRATION PAYMENT**

◆ Registration/Payment Deadline ◆

Registration with payment must be received by September 1, 2009. (Checks only – Payable to PCADV.)

Please note that registration fees are non-refundable. PCADV will send an email to confirm your registration.

Enclosed is a check in the amount of \$_____.

Please complete this form and mail with your check to:

PCADV

Attention: Laura Gardell

6400 Flank Drive, Suite 1300

Harrisburg, PA 17112

Organizations may submit one check and separate registration forms for multiple participants.

Questions: Email Nancy Durborow (nd@pcadv.org) or call 800-932-4632 ext. 119