

Registration Form

Register Early, space is limited. Please print legibly; CEU's will be generated from this form.

Register online at www.naswnm.org

Name (**PLEASE PRINT**): _____ Daytime Phone: _____

I am an NASW member - Member Number: _____ (this is not the same as your license number)

Organization: _____ E-mail Address: _____

Street Address _____ City: _____ State: _____ Zip: _____

Please select the category which best describes your specialty practice: Aging Children & Families Health Juvenile Justice

Medical SW Mental Health Private Practice School SW Substance Abuse Other _____

Conference Fees

Check category & circle fee amount	Payment Deadline Postmarked by 12/23/11			Payment Deadline Postmarked by 1/20/12			Payment Deadline Postmarked by 2/4/12		
	Full Conference	Two Days	One Day	Full Conference	Two Days	One Day	Full Conference	Two Days	One Day
NASW Member	\$175	\$155	\$120	\$195	\$175	\$145	\$225	\$205	\$170
Non-Member	\$235	\$200	\$155	\$255	\$220	\$175	\$285	\$250	\$205
Student Member	\$60	\$50	\$40	\$80	\$70	\$50	\$110	\$100	\$90
Student Non-Member	\$80	\$70	\$60	\$100	\$90	\$80	\$130	\$120	\$110

*Add \$20.00 to all purchase orders

Workshop Choices

	1st Choice	2nd Choice
Masters Seminar Select from sessions 1-5	_____	_____
Workshop Session I Select from sessions 6-10	_____	_____
Workshop Session II Select from sessions 11-15 (session 11 continues)	_____	_____
Workshop Session III Select from sessions 16-19 (if you selected #11 for session II you must select #11 here)	_____	_____
Workshop Session IV Select from sessions 20-24 (session 20 continues until 12:00)	_____	_____
Workshop Session V Select from sessions 25-28 (if you selected #20 for session IV you must select #20 here)	_____	_____

Registrations will not be processed if the workshop choices are not completed.

Payment Calculation

Registration Fee	\$ _____
Luncheon Fees (If applicable)	\$ _____
PO Fee: (If applicable)	\$ _____
TOTAL AMOUNT ENCLOSED:	\$ _____

Special Events

If you want to attend a specialty event you must register and pre-pay for it; purchase orders will not be accepted as payment for a specialty luncheon or breakfast.

Wednesday Events

Thursday Events

- General attendance breakfast (Free)- 3 CEU's
*****if not attending you will not have the full 15 CEU's**
- Attending NOT Attending
- Health Care Social Workers Luncheon \$15.00 12:00—1:00
- Native American Task Force Luncheon- 1 CEU \$15.00 12:00—1:00
- Social Work Student Luncheon \$10.00 12:00—1:00
- NASW-NM Conference Reception (FREE)
- Attending NOT Attending

- Section on Aging Breakfast- 1 CEU \$15.00 7:00—8:00 am
- Juvenile Justice Task Force Luncheon- 1 CEU \$15.00 12:00—1:00
- LGBT Task Force Luncheon- 1 CEU \$15.00 12:00—1:00
- School Social Work Alliance Luncheon \$15.00 12:00—1:00

Mail completed form and payment to:
 NASW-NM,
 2444 Louisiana Blvd. NE, Suite 211
 Albuquerque, NM 87110

Amount to Charge: \$ _____ Credit Card Type: AMEX DISCOVER MASTERCARD VISA

Credit Card Number: _____ Expiration _____

Name on Credit Card: _____ Signature: _____

For Office Use Only Do Not Write In This Box:

Check (Agency/Personal) # _____	Purchase Order # _____	Date Paid _____	Invoice # _____
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