

REGISTRATION FORM (page 1 of 2)

COUNCIL ON SOCIAL WORK EDUCATION ANNUAL PROGRAM MEETING: November 8-11, 2018 | Orlando, FL

Mail this form to: ATTN: CSWE 2018 APM; CSWE Registration; 11208 Waples Mill Road, Suite 112; Fairfax, VA 22030
 Fax this form to: +1-703-631-6288 (VISA, MasterCard, American Express only)
 Questions: apmregistration@spargoinc.com. Phone: 888-978-3622 (U.S. Toll Free) or +1-703-449-6418 (International)

1. Registrant Information (Please print)

First Name _____ Last Name _____

If Member, list ID # _____ If New Member, check here: _____ If First-time Attendee, check here: _____

Work Institution / School (if a student) _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Phone/Fax _____ E-mail _____

Accepted Presenter at 2018 APM? Yes No If yes, list Proposal #(s) here _____

Disability/Special Accommodations? Yes No Please attach a written description of your needs.

CSWE Program Member Discount: Register one CSWE Full Member from a Program Member school and save \$50 on each additional CSWE Full Member registration from the same program (Full or One-Day registrations eligible). The discount will be applied automatically from the registration system.

2a. Choose Applicable Registration Category (choose one rate only). *Add dues rate also if paying dues.*

For One-Day Registration, indicate day here: Friday, November 9 Saturday, November 10

CSWE Member Registration Categories (Dues must be current through March 31, 2019)	A Early Bird (to August 20)	B After August 20	C Add Dues to Your Registration	Amount Due A or B + C (if paying dues)	
Full Member: Faculty and Administrators; Individuals	Full Conf: 435 <i>or</i> One Day: 340	Full Conf: 485 <i>or</i> One Day: 390	195		
Associate Member: Emeritus	Full Conf: 290 <i>or</i> One Day: 270	Full Conf: 340 <i>or</i> One Day: 320	75		
°Associate Member: Undergraduate/Graduate Student*	65	115	55		
°Associate Member: Doctoral Student*	65	115	95		
Nonmember Registration Categories					
°Student Nonmember: Undergraduate/Graduate*	125	175	To become a member, choose appropriate category above.		
°Student Nonmember: Doctoral*	165	215			
Nonmember	Full Conf: 660 <i>or</i> One Day: 555	Full Conf: 710 <i>or</i> One Day: 605			
Practitioner or Academician in Non-Social Work Field	Full Conf: 315 <i>or</i> One Day: 210	Full Conf: 365 <i>or</i> One Day: 260			
Social Work Practitioner	Full Conf: 315 <i>or</i> One Day: 210	Full Conf: 365 <i>or</i> One Day: 260			
Higher Education Librarian	Full Conf: 315 <i>or</i> One Day: 210	Full Conf: 365 <i>or</i> One Day: 260			
Additional Registration Categories					
Individual from Economically Less-Developed Country**	70	120			
Guest (17 and Older):* <i>Not eligible for drawings.</i>	35	50			
Name _____					
Child (16 and Under):* <i>Children must be supervised at all times. Not eligible for drawings.</i>	10	10			
Name _____					

* Student rates require documentation. See requirements under **Student Registration Categories** at www.cswe.org/Events-Meetings/2018-APM/Registration/Registration-Categories

** Some rates do not change for Full Conference vs. One-Day Registration

** See the list of countries eligible for this rate under **Individual from Economically Less-Developed Country** at www.cswe.org/Events-Meetings/2018-APM/Registration/Registration-Categories

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2b. Student Volunteer Registration

\$40 _____

Volunteer for a shift of 4 consecutive hours on Thursday–Sunday, November 8–11, during daytime hours (there are no evening volunteer hours) and pay only \$40 for a full conference registration! (Students cannot hold a full-time academic appointment.) Please provide your arrival and departure dates/times, and we will schedule you accordingly (we will not schedule during your presentation). **Verification of student status is required.** Sample verification letters can be found under **Student Registration Categories** at www.cswe.org/Events-Meetings/2018-APM/Registration/Registration-Categories.

Arrival date/time: _____ Departure date/time: _____

3a. Preconference Workshops: Wednesday, November 7, 2018 (separate registration required)

	Member	Nonmember	Total
Leadership Institute 1:00 pm–4:00 pm	\$50	\$100	\$ _____

3b. Preconference Workshops: Thursday, November 8, 2018 (separate registration required)

Field Education Institute (3 CEs) 8:30 am–6:00 pm	\$125	\$175	\$ _____
Teaching Institute 8:00 am–6:00 pm	\$250	\$300	\$ _____

4. Postconference Interprofessional Education (IPE) Summit: Sunday, November 11, 2018 (separate registration required)

Interprofessional Education Summit 8:30 am–6:00 pm	\$125	\$175	\$ _____
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5. APM Awards Luncheon: Honoring Our Own – CSWE 2018 Awards Presentation

Yes, I will attend.

Sunday, November 11, 2018, 11:30 am–1:00 pm

6. Continuing Education (CEs)

\$65 _____

GRAND TOTAL (pg. 1+2) \$ _____

7. Cancellation and Refund Policy

November 7, 8 and 11 Preconference and Postconference Workshop fees, and Membership Dues, are nonrefundable.

Submit registration cancellations to apm@cswe.org by October 12, 2018. No requests for refunds will be honored if they are e-mailed after this date. Registrants who do not cancel by October 12, 2018, and fail to attend the meeting will be charged the full registration fee.

Refunds will be less a \$75 administrative fee and must specify the payee. Refunds will be based on the original form of payment and processed within 30 days after the completion of the meeting. Refunds will not be processed after December 11, 2018. Please cancel housing reservations directly with your hotel.

CSWE is not liable for cancellation fees charged by hotels, airlines, or other means of transportation. By submitting a completed registration form, you acknowledge that you have read and understand the cancellation policy.

8. Substitution Policy

Substitution of registrations is permitted prior to the APM and on-site. Submit substitutions to apm@cswe.org by October 30, 2018. After this date, please make any substitutions at the APM Registration Desk on-site. Only one substitution is permitted per original registrant. The individual submitting the substitution request is responsible for all financial obligations (any balance due) associated with that substitution, as well as updating any contact information.

9. Payment (must accompany this form)

Please note the Council on Social Work Education reserves the right to charge the correct amount if different from the total listed.

Check (Make check payable to the **Council of Social Work Education**. Checks must be drawn on a U.S. bank in U.S. funds.)

MasterCard Visa American Express

Credit Card# _____ Expiration Date _____

Name of Card Holder _____ Signature _____

Billing Address _____