

COUNCIL ON SOCIAL WORK EDUCATION

OFFICIAL 2016 ANNUAL PROGRAM MEETING (APM) REGISTRATION FORM | Atlanta, GA • November 3–6, 2016

1. PARTICIPANT INFORMATION

ACCEPTED 2016 APM PRESENTERS, LIST YOUR PROPOSAL NUMBER(S) HERE _____

LAST NAME/FIRST NAME _____

WORK INSTITUTION/OR SCHOOL NAME IF YOU ARE A STUDENT _____

ADDRESS (HOME WORK) _____

CITY/STATE/ZIP _____

COUNTRY _____ E-MAIL _____

PHONE/FAX _____

BADGE FIRST NAME _____

- Check if you are an accepted 2016 APM presenter
- Check if 1st or 2nd time APM Attendee
- Check if you have a disability and/or require special service. Attach a written description of your needs

THREE EASY WAYS TO REGISTER

Online: www.cswe.org/meetings/2016apm.aspx

Fax: +1.703.631.6288
(MasterCard, VISA, or American Express)

Mail: ATTN: CSWE 2016 APM
CSWE Registration
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

Questions:
E-mail: apmregistration@spargoinc.com
Phone: +1.888.978.3622 Toll free U.S. and Canada;
or direct to +1.703.449.6418

2. CONFERENCE REGISTRATION FEES (Early-Bird registrations must be postmarked on or before Monday, August 1, 2016.)

Membership rates require verification of membership ID numbers.

Payment Date Rates	CSWE Member Fee Levels
Early-Bird: On/Before August 1, 2016	Tier 1: APM meeting registration only
On-site: Aug. 2 or After	Tier 2: APM meeting registration plus inclusive 1-year CSWE membership (new or renewal)

AVAILABLE AGAIN THIS YEAR: Special Tiered Registration Option for CSWE Program Member

Register one CSWE Full Member from a Program Member School and save \$50 on additional CSWE Full Member registrations from the same program (Full or One Day APM registration). The discount will be applied from the registration system.

OPTION 1 of 3: FULL CONFERENCE (4 Days: November 3–6, 2016)

CSWE Member Registration Categories To join, add "NEW"; if member, list membership ID	List "NEW" or Member ID	Circle One Fee Only				AMOUNT DUE
		Early Bird to 08/01		08/02 On-site		
		Tier 1	Tier 2	Tier 1	Tier 2	
1. Full Member: Faculty and Administrators; and Individuals		425	620	475	670	
2. Associate Member: Emeritus		290	365	340	415	
3. Associate Member: Undergraduate/Graduate Student		65	120	115	170	
4. Associate Member: Doctoral Student		65	160	115	210	
CSWE Program Member Group Option Categories						
5. First CSWE Full Member		425	620	475	670	
6. Additional CSWE Full Member		375	570	425	620	
Nonmember Registration Categories						
		Early Bird to 08/01		08/02 On-site		
7. Exhibit Hall Only			NA		50	
8. Higher Education Librarian			315		365	
9. Individual From Economically Lesser-Developed Country*			70		120	
10. Nonmember			660		710	
11. Practitioner or Academician in Non-Social Work Field			315		365	
12. Social Work Practitioner			315		365	
13. Student Nonmember: Undergraduate/Graduate			125		175	
14. Student Nonmember: Doctoral			165		215	
15. Accompanying Person (see restrictions):			35		50	
NAME _____						

*Please refer to the list of [countries that are eligible for the reduced rate](#).

OPTION 2 of 3: STUDENT VOLUNTEER

	Morning Shift: 7:30 am–11:30 am	Afternoon Shift: 12:30 pm–4:30 pm	AMOUNT DUE
16. 2016 APM Student Volunteer Place a 1 and 2 in front of the preferred shifts for your 4-hour volunteer assignment. You will be required to identify the name of your college/university.	____ Fri., Nov. 4 ____ Sat., Nov. 5	____ Fri., Nov. 4 ____ Sat., Nov. 5	\$40

OPTION 3 of 3: 1-DAY ONLY:

Select Day: Thursday, Nov. 3 Friday, Nov. 4 Saturday, Nov. 5 Sunday, Nov. 6

Circle One Fee Only

CSWE Member Registration Categories To join, add "NEW"; if member, list membership ID	List "NEW" or Member ID	Early Bird to 08/01		08/02 On-site		AMOUNT DUE
		Tier 1	Tier 2	Tier 1	Tier 2	
17. Full Member: Faculty and Administrators; and Individuals		330	525	380	575	
18. Associate Member: Emeritus		270	345	320	395	
19. Associate Member: Undergraduate/Graduate Student		65	120	115	170	
20. Associate Member: Doctoral Student		65	160	115	210	
CSWE Program Member Group Option Categories						
21. First CSWE Full Member		330	525	380	575	
22. Additional CSWE Full Member		280	475	330	525	
Nonmember Registration Categories						
		Early Bird to 08/01		08/02 On-site		
23. Exhibit Hall Only			NA		50	
24. Higher Education Librarian			210		260	
25. Individual From Economically Lesser-Developed Country*			70		120	
26. Nonmember			555		605	
27. Practitioner or Academician in Non-Social Work Field			210		260	
28. Social Work Practitioner			210		260	
29. Student Nonmember: Undergraduate/Graduate			125		175	
30. Student Nonmember: Doctoral			165		215	
31. Accompanying Person (see restrictions):			35		50	
NAME _____						

*Please refer to the list of [countries that are eligible for the reduced rate](#).

3. PRECONFERENCE WORKSHOPS – Thursday, November 3, 2016. (Note: Attendees must also register for the conference.)

Half-Day Development Institutes	Morning Session: 9:00 am–12:00 pm	Afternoon Session: 2:00 pm–5:00 pm	Total
Faculty Development Institutes (FDI) (choose one session letter per time frame)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	<input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	\$ _____
Field Directors' Development Institute (FDDI) (choose one session letter per time frame)	<input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	<input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	\$ _____
Leadership Development Institute (LDI) (choose one session letter per time frame)	<input type="checkbox"/> M <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	<input type="checkbox"/> N <input type="checkbox"/> \$110 Member <input type="checkbox"/> \$175 Nonmember	\$ _____

4. POSTCONFERENCE WORKSHOPS – CSWE Assessment Academy, Sunday, November 6, 2016, 1:15 pm–4:00 pm.

(Note: Attendees must also register for the conference.) \$25 \$ _____

5. APM Awards Luncheon: Honoring Our Own—CSWE/SAGE 2016 Awards Presentation.

Sunday, November 6, 2016, 11:30 am–1:00 pm. Yes, I will attend. (No charge)

6. CONTINUING EDUCATION (CEs). Please refer to [details](#) and review the list of [presentation formats](#) that are eligible for CEs. \$65 \$ _____

TOTAL DUE: \$ _____

7. CANCELLATION AND REFUND POLICY

Cancellations of APM registrations received in writing and postmarked by October 14, 2016, are refundable less a \$75 administration fee. No refunds for APM registrations will be given after October 14, 2016. Registrants who do not cancel by October 14, 2016, and fail to attend the meeting will be charged the full registration fee. Please cancel housing reservations directly with the hotel.

Refunds of any kind other than conference registration will be processed based on the original form of payment after the conference. No refunds will be given for any reason after December 6, 2016.

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. 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 [Please enclose a check payable to the Council on 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 Cardholder _____

Signature _____

Billing Address _____