



## **2015 EPAS Candidacy Workshop RSVP Form**

Complete the following and e-mail immediately to: [AccredWorkshop@CSWE.org](mailto:AccredWorkshop@CSWE.org)  
OR

Mail with check to the address listed under Payment Options (below)

**Name of Institution:**

**Full Address:**

**Program Level  
Interested in Starting:**

**Baccalaureate**

**Master's**

**Baccalaureate  
and Master's**

**Desired Workshop Date:**

**Eligibility Application Submitted:**

**Yes**

**No**

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### **Payment Options**

The cost for the Candidacy Workshop is \$500 per program.

**Select Payment Option:**

Submit check payment to:  
CSWE, Office of Social Accreditation  
1701 Duke Street, Suite 200  
Alexandria, VA 22314  
ATTN: Finance Office/2015 Candidacy Workshop

If paying by credit card, please include the following information:

Visa

Mastercard

American Express

Card Holder Name:

Credit Card Number:

Expiration Date:

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**Attendee #1**

Name, Title:

Phone

Email Address:

Emergency Contact Name/Phone:

**Attendee #2**

Name, Title:

Phone

Email Address:

Emergency Contact Name/Phone:

**Attendee #3**

Name, Title:

Phone

Email Address:

Emergency Contact Name/Phone:

**Attendee #4**

Name, Title:

Phone

Email Address:

Emergency Contact Name/Phone:

**Attendee #5**

Name, Title:

Phone

Email Address:

Emergency Contact Name/Phone: