

REGISTRATION FORM (page 1 of 2)

COUNCIL ON SOCIAL WORK EDUCATION ANNUAL PROGRAM MEETING: November 16–20, 2020

Mail this form to: ATTN: CSWE 2020 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 _____

Pronouns (optional): She/Her/Hers He/Him/His They/Them/Theirs Ask me my pronouns (choose one only)

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 _____

Disability/Special Accommodations? Yes No Please e-mail apm@cswe.org with a written description of your needs.

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

CSWE Member Registration Categories (Dues must be current through March 31, 2021)	A Conference Registration	B Add Dues to Your Registration	Total Due A + B (if paying dues)
Full Member: Faculty and Administrators; Individuals	Full Conf: 250	195	
Associate Member: Emeritus	Full Conf: 170	75	
Associate Member: Undergraduate/Graduate Student*	50	55	
Associate Member: Doctoral Student*	50	95	
Nonmember Registration Categories			
Student Nonmember: Undergraduate/Graduate*	85	To become a member, choose appropriate category above.	
Student Nonmember: Doctoral*	100		
Nonmember	Full Conf: 355		
Practitioner or Academician in Non-Social Work Field	Full Conf: 185		
Social Work Practitioner	Full Conf: 185		
Higher Education Librarian	Full Conf: 185		
Additional Registration Categories			
Individual From Economically Less-Developed Country*/**	60		

* Student rates require documentation. See requirements under **Student Registration Categories** at www.cswe.org/Events-Meetings/2020-APM/Registration/Registration-Categories

See the list of countries eligible for this rate under **Individual from Economically Less-Developed Country at www.cswe.org/Events-Meetings/2020-APM/Registration/Registration-Categories

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3. Continuing Education (CEs)

\$65 _____

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

4. Cancellation and Refund Policy

Membership dues are nonrefundable.

Submit registration cancellations to apm@cswe.org by **October 15, 2020**. No requests for refunds will be honored if they are e-mailed after this date. Registrants who do not cancel by **October 15, 2020**, 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 4, 2020. 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.

5. Substitution Policy

Substitution of registrations is permitted prior to the APM. Submit substitutions to apm@cswe.org by November 2, 2020. 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.

6. Statement on CSWE Conference Safety and Inclusiveness

(<https://cswe.org/Events-Meetings/Statement-on-CSWE-Conference-Safety-and-Inclusiven>)

7. 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 _____