

# REGISTRATION FORM



National Association of Social Workers  
NEW YORK CITY CHAPTER  
Tel: (212) 668-0050 • Fax: (212) 668-0305

40th Anniversary Addictions Institute  
Thursday, June 5, 2008  
Fordham University, Lincoln Center Campus  
113 West 60th Street at Columbus Avenue  
8:30 AM – 4:30 PM

Full Name \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Please print clearly: CONFIRMATION WILL BE SENT VIA E-MAIL OR TO THIS ADDRESS

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of agency (required if agency sends check) \_\_\_\_\_

Will agency be forwarding check? \_\_\_ Yes \_\_\_ No

### PLEASE NOTE:

- Registration deadline is Friday, May 30, 2008
- Payment must accompany registration form
- Attendees will be registered and placed in workshops only after payment is received
- Please do not call regarding workshop assignments - send e-mail to: [addictions@naswnyc.org](mailto:addictions@naswnyc.org)
- Refund Policy: In case of cancellation, refund less \$20 administrative fee will be given through Friday, May 30, 2008: Absolutely no refunds after May 30, 2008
- For Agencies Registering Multiple Attendees: Participants will not be registered until funds are received from the agency. Staff who arrive the day of the conference, before funds are mailed or received, must pay on site, pay on site fees, and apply for reimbursement from their company. Substitution of pre-registered staff is not allowed. Refund for the cancellation of a staff member is subject to the deadline of May 30, 2008 less a \$20 administrative fee.

### REGISTRATION FEES (check one)

- \*NASW Member No. \_\_\_\_\_  
(Obligatory for members)
- \*Current NASW Member \$90
- \*Student Member/ Retired Member /Unemployed Member  
(circle one) \$50
- Non-NASW Member (incl. Non-Member Students) \$110

### JOURNAL ADVERTISING REQUEST

- \$400 Full Page (4.5w x 7.5h)
- \$250 Half Page (4.5w x 3.6h)
- \$150 Quarter Page (2.13w x 3.6h or 4.5w x 1.7h)
- \$50 Listing (individual name)
- Please e-mail your journal ad to: [lablanc@naswnyc.org](mailto:lablanc@naswnyc.org)

### PAYMENT OPTIONS

- Check/ Money Order \$ \_\_\_\_\_; Send to: NASW-NYC, 50 Broadway, Suite 1001, New York, NY 10004
- or Charge: \$ \_\_\_\_\_  MasterCard  Visa  Discover Card  Amex
- Card No. \_\_\_\_\_ Exp Date \_\_\_\_\_ Card Code (3 or 4 digits on back of card) \_\_\_\_\_
- Signature \_\_\_\_\_ Credit Card Billing Address:  Same as Above Address
- or Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PROGRAM PREFERENCES

Please indicate preferences, including 2nd and 3rd choices.

#### Morning Workshops (2 CEUs)

9:15 AM to 11:15 AM

(enter workshop numbers)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

#### Plenary (1.5 CEUs)

11:30 AM to 1:15 PM

Attending

Yes

No

#### Afternoon Workshops (2 CEUs)

2:30 PM to 4:30 PM

(enter workshop numbers)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_