

Group Registration Form

Group rates are only available by mail or email. You can register by mailing this form to the address below or by emailing it to ce@med.wmich.edu. All checks must be mailed to the address below. Billing information is listed on the 2nd Page of this Registration Form. Once this registration form is submitted, no other individuals may be added to the group listed below. All those listed below must be paid for in one payment. If more than 8 individuals are in a group – please submit both forms at the same time.

By registering, you agree to the terms of our photo release policy listed under Conference Info. *By registering, you also agree to the current cancellation policy listed under Conference Info in our Brochure.* Your confirmation letter and links to handouts will be sent by email; please print legibly.

Name/Degree _____ SW License # (If Applicable) _____

Credit Type: CME Social Work AFC SCECH Email: _____

Registration: Tues Only Wed Only Both Days Lunch Selection: Regular Vegetarian Gluten-Free
(Fee Schedule Listed Below)

Name/Degree _____ SW License # (If Applicable) _____

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Responsible Party Billing Information - Required

Organization _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

TOTAL DUE:

\$ _____

Early Bird Discounts, postmarked *before* February 15
\$180, One Day
\$240, Two Days

Regular Registration, postmarked Feb 15-March 30
\$200, One Day
\$255, Two Days

Late Registration, postmarked after March 31 or onsite
\$220, One Day
\$270, Two Days

Payment Options

Check is enclosed: Check # _____

- Personal Check
- Company Check, payer

Approved Purchase Order form is enclosed

PO# _____

Credit Card

     

Number _____

Expiration _____ Date _____

Cardholder's Name _____

Signature _____

Please Mail to
WMed
Attn: DD Conference
PO Box 50391
Kalamazoo, MI 49005-0391