

## Individual Registration Form

Online registration at the individual rate is available at: <http://cmetracker.net/WMUMED/Login?FormName=RegLoginLive&Eventid=27777>. You can register by mailing this form to the address below or by emailing it to [ce@med.wmich.edu](mailto:ce@med.wmich.edu). All checks must be mailed to the address below.

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) \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

This is for my  home  work

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Early Bird Discounts, postmarked *before* February 15

- Individual  \$195, Tuesday Only  
 \$195, Wednesday Only  
 \$255, Two Days, entire conference

### Payment Options

- Check is enclosed: Check # \_\_\_\_\_  
 Personal Check  
 Company Check, payer

### Regular Registration, postmarked Feb 15-March 30

- Individual  \$215, Tuesday Only  
 \$215, Wednesday Only  
 \$270, Two Days, entire conference

- Approved Purchase Order form is enclosed

PO# \_\_\_\_\_

- Credit Card



Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

### Late Registration, postmarked after March 31 or onsite

- Individual  \$235, Tuesday Only  
 \$235, Wednesday Only  
 \$285, Two Days, entire conference

### Lunch Selection

- Regular  Vegetarian  Gluten-Free

### Credit Type

- CME  Social Work  AFC  SCECH

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