

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. 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* March 1

- 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 March 1-30

- 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