MAIL-IN REGISTRATION FORM

Please print clearly | Fax to 617-227-9877 or register online: www.naswma.org/symposium2023

First Name: ______________________________________________
Last Name: _______________________________________________
Address: __________________________________________________
City, State, Zip: ___________________________________________
Phone Number: ___________________________________________
NASW Member ID: _______________________________________
Email: _______________________________________________________________________________________________________
School of Social Work Attending/Attended: __________________________

Complete your registration below. Select your registration type and workshops (one per session):

Keynote session: Included
Panel discussion: Included
Session 1: __________________________________________
Session 2: __________________________________________
Evening workshop: Included
Session 3: __________________________________________
Session 4: __________________________________________
Session 5: __________________________________________
Session 6: __________________________________________

Your registration ticket also includes access to all on-demand webinars; available to watch for up to 2 weeks post conference.

PAYMENT

Total Symposium fee: $__________
Name on Card ____________________________________________
CC# ____________________ Exp: ______ CVV: __________
Billing Address: _________________________________
City: ___________________ State: _____ Zip: _______
Signature: ________________ Date: ____________

Check (Payable to NASW-MA)
Credit Card Type:
□ Visa
□ MasterCard
□ Discover
□ AMEX

If paying with debit/credit info, fax the mail-form to (617) 227-9877. If paying with a check, mail the form to: National Association of Social Workers - Massachusetts Chapter, 11 Beacon Street, Suite 510, Boston MA, 02108

If you need a reduced fee to attend, call our Office by April 7. Cost should not prevent you from attending.