MAIL-IN REGISTRATION FORM

Please print clearly | Fax to 617-227-9877 or register online: www.naswma.org/symposium2024

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):
For group rate registration, submit 4+ registrations together with a single check for all registrants.

THURSDAY WORKSHOP SELECTIONS

Keynote session: Included
Session 1: ____________________________
Session 2: ____________________________
Session 3: ____________________________
Evening workshop: Included

FRIDAY WORKSHOP SELECTIONS

Session 4: ____________________________
Session 5: ____________________________
Session 6: ____________________________
Session 7: ____________________________

PAYMENT

Total Symposium fee: $___________
Name on Card ________________________________________________
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Billing Address: _____________________________________________
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Signature: __________________________ Date: __________

Check (Payable to NASW-MA)
Credit Card Type:
☐ Visa
☐ MasterCard
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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 5. Cost should not prevent you from attending.