## LICENSING TEST PREP WORKSHOP GROUP REGISTRATION FORM

Date	Test Prep Workshop: ☐ LMSW ☐ LCSW	
Organization Name		
Organization Full Address		
Contact Name		
E-mail Address	Phone ()	
Registration Instructions:  - Groups must include 5 or more in - Please ensure that every field is co	viduals npleted and fill the attached sheet for attendee information	
Payment:		
□ Check - Check Payable to: NASW-NYC; Must provide payment within 10 busines	Mail Payment to: NASW-NYC, 305 Seventh Avenue, Suite 13A, New York, NY 100 days of invoice receipt	)1
□ Credit Card		
, -	that I have full permission and/or ownership of the credit card information National Association of Social Workers permission to charge my credit care	
Name as it appears on the Credit Card	TOTAL CHARGE \$	
Credit Card Billing Address	CityState	
EXPIRATION DATE /	<b>CARD CODE</b> (3 or 4 #s) <b>ZIP CODE</b>	
CARD NUMBER		
<b>REFUND POLICY:</b> All refund requests must be received within five days prior to test prep day	bmitted by email to workshops.naswnyc@socialworkers.org. Valid requests must.	: be
date or substituted for another test prep. Refu	re processing fee. Refunds ONLY, credit cannot be issued toward a future program d requests typically require 1-2 weeks processing time. Registrants who miss thei e exam guide and any other materials offered through the course.	
I have read and understand the Refur	Policy and consent for my credit card to be charged (if applicable)	
Signature and Date		

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## **Attendee Information**

		NASW	Address
Name	E-mail	Member?	(only applicable if attendees pay for themselves)

<sup>\*</sup>Please fill and attach as many sheets as needed.