

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** individuals
- Please ensure that every field is completed and fill the attached sheet for attendee information

Payment:

Check - *Check Payable to: NASW-NYC; Mail Payment to: NASW-NYC, 305 Seventh Avenue, Suite 13A, New York, NY 10001*
Must provide payment within 10 business days of invoice receipt

Credit Card

By filling out the information below, I agree that I have full permission and/or ownership of the credit card information entered, and I give the NYC Chapter of The National Association of Social Workers permission to charge my credit card.

Name as it appears on the Credit Card _____ **TOTAL CHARGE \$** _____

Credit Card Billing Address _____ City _____ State _____

EXPIRATION DATE ___ / ___ **CARD CODE** (3 or 4 #s) ___ **ZIP CODE** _____

CARD NUMBER _____ - _____ - _____ - _____ Amex Visa MasterCard Discover

REFUND POLICY: All refund requests must be submitted by email to accounting.naswnyc@socialworkers.org. **Valid requests must be received within five days prior to test prep date.**

All refunds are subject to a \$20.00 administrative processing fee. Refunds ONLY, credit cannot be issued toward a future program date or substituted for another test prep. Refund requests typically require 1-2 weeks processing time. Registrants who miss their test prep workshop will not be able to obtain the exam guide and any other materials offered through the course.

I have read and understand the Refund Policy and consent for my credit card to be charged (if applicable).

Signature and Date _____

ANY QUESTIONS, PLEASE EMAIL US AT: workshops.naswnyc@socialworkers.org

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Attendee Information

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

*Please fill and attach as many sheets as needed.