

# LICENSING TEST PREP WORKSHOP REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS

Date \_\_\_\_\_

Test Prep Workshop:  LMSW  LCSW

Test Prep Workshop Date: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address (*payment confirmations are sent by email only*) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Do you need a letter of completion for your employer?  Yes  No

NASW member: **\$150**. NASW Member ID # \_\_\_\_\_  Non-member: **\$210**

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## PAYMENT MUST ACCOMPANY THIS COMPLETED FORM TO REGISTER

**MAIL FORM & PAYMENT TO:** NASW-NYC, 305 Seventh Avenue, Suite 13A, New York, NY 10001 **OR FAX TO:** (212) 668-0305

### Payment:

Check/money order - payable to NASW-NYC for \$ \_\_\_\_\_

Cash (in-person only) \$ \_\_\_\_\_

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

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**REFUND POLICY:** All refund requests must be submitted by email to [accounting.naswnyc@socialworkers.org](mailto: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](mailto:workshops.naswnyc@socialworkers.org)