

LICENSING TEST PREP WORKSHOP REGISTRATION FORM

Date _____

I am studying for my: LMSW LCSW

Name _____

Home Address _____ City _____ State _____ Zip _____

E-mail address (*all payment confirmations are sent by email only*) _____

Work (_____) _____ Cell (_____) _____ Home (_____) _____

NASW member - \$150; NASW Member ID # _____ Non-member - \$210

PAYMENT MUST ACCOMPANY THIS COMPLETED FORM TO REGISTER

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

SEND FORM & PAYMENT TO: NASW-NYC, Attention: CE - 50 Broadway, Suite 1001 - New York, NY 10004

OR FAX TO: (212) 668-0305

Enclosed is my: Check or money order payable to NASW-NYC for \$ _____ **OR** Cash \$ _____

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.

Your Name as it appears on the Credit Card _____

Signature and Date _____ **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 REQUESTS: All refund requests must be submitted by email to workshops.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. Credit cannot be issued toward a future program date or substituted for another test prep. Refund requests typically require 1-2 weeks processing time.

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

Signature and Date _____