

# LICENSING TEST PREP WORKSHOP REGISTRATION FORM

PLEASE COMPLETE ALL FIELDS

Date \_\_\_\_\_

Test Prep Workshop:  LMSW  LCSW

Name \_\_\_\_\_

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

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

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

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, PO Box 2785, New York, NY 10163 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 [workshops.naswnyc@socialworkers.org](mailto: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. 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)