



2010 Annual Meeting & Conference Registration Form

Please print legibly or type. Please register only one person per form. This form may be duplicated or you may obtain additional forms from the website at www.sswlhc.org.
Click here to register online.

Registration Fee Schedule - All Fees Payable in U.S. Dollars

CATEGORY	POSTMARKED OR FAXED BY OCTOBER 11, 2010	POSTMARKED OR FAXED AFTER OCTOBER 11, 2010
Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$595	<input type="checkbox"/> \$710
Transitional/Unemployed	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
Retired Emeritus Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340
One Day Only	<input type="checkbox"/> \$230	<input type="checkbox"/> \$230
Student Rate (Full-time students only)	<input type="checkbox"/> \$290	<input type="checkbox"/> \$340

Join and Register! Become a SSWLHC member today and register for the 2010 Meeting & Conference at the member price. Return a completed membership application and dues payment with your conference registration form to take immediate advantage of the member savings. A membership application is included on page 38 or you can join online with credit card payment at: <https://secure.proaccess.net/sswlhc-pf2/mbr-app/mbr-app.php>

- Vegetarian Meals Requested**
- First Time Attendee**
(Please check here if this is your first SSWLHC Annual Conference).
- Special Assistance Required**
(A SSWLHC staff member will contact you).

FIRST NAME / LAST NAME

TITLE

INSTITUTIONAL AFFILIATION

ADDRESS

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

GUEST NAME BADGE (WELCOME RECEPTION)

GUEST NAME BADGE (OPENING BANQUET DINNER)

Method of Payment

All registrations must be accompanied by a check, credit card, or copy of a purchase order. Registrations will not be processed without a method of payment.

Check or Money Order

(All checks must be made payable to SSWLHC and in U.S. Dollars)

Tax ID # 23-3100897

American Express Visa MasterCard

ACCOUNT NUMBER

EXPIRATION

NAME OF CARDHOLDER

SIGNATURE

Session Selection: To get a general sense of demand for each presentation, we ask that you please indicate which sessions you plan to attend below.

Tuesday, November 2, 2010

1:00 PM – 5:00 PM Chapter President's Meeting (Open to Chapter Presidents and Presidents-Elect only)

Wednesday, November 3, 2010

4:45 PM – 5:30 PM New Member & First Time Attendee Orientation
 6:30 PM – 9:00 PM Opening Banquet Dinner

Thursday, November 4, 2010

8:00 AM – 9:30 AM W-1 W-2 W-3 W-4 W-5
 9:45 AM – 11:15 AM W-6 W-7 W-8 W-9 W-10
 11:30 AM – 12:30 PM RF-1 RF-2 RF-3 RF-4 RF-5
 12:30 PM – 1:30 PM Boxed Lunch
 1:30 PM – 2:30 PM RF-6 RF-7 RF-8 RF-9 RF-10
 2:45 PM – 5:00 PM Membership Meeting

Friday, November 5, 2010

8:00 AM – 9:30 AM W-11 W-12 W-13 W-14 W-15
 1:00 PM – 2:30 PM W-16 W-17 W-18 W-19 W-20
 3:00 PM – 4:30 PM W-21 W-22 W-23 W-24 W-25

Saturday, November 6, 2010

8:00 AM – 9:00 AM RF-11 RF-12 RF-13 RF-14 RF-15
 9:15 AM – 10:45 AM W-26 W-27 W-28 W-29 W-30
 11:15 AM – 12:15 PM RF-16 RF-17 RF-18 RF-19 RF-20

Optional Pre-Conference Intensives \$ _____

(Additional Fees Apply. Sessions are concurrent. Check only one).

- I-1: Leadership Institute (\$175)
- I-2: Pediatric Health Care Social Work (\$135)
- I-3: Developing Leadership Competencies in Bioethics (\$75)
- I-4: Grief Counseling and Therapy (\$75)

Foundation Luncheon at \$35 each \$ _____

(tax deductible donation)

Guest

- Welcome Reception at \$25 each \$ _____
- Opening Banquet Dinner at \$60 each \$ _____

Membership Renewal

- Full Member, Management at \$140 each
- Full Member, Direct Patient Care, Transitional, Emeritus, Faculty at \$85 each
- Associate Member at \$165 each
- Student at \$55 each

Total Amount Due \$ _____

Contact Information

Toll Free Phone: (866) 237-9542 Fax: (215) 564-2175 Email: info@sswlhc.org

Fax your credit card payment or mail this form with correct tuition to: SSWLHC, 100 North 20th Street, 4th Floor, Philadelphia, PA 19103-1443