

# WSCA SPRING CONFERENCE – March 1, 2017 – REGISTRATION FORM

## — REGISTRATION FEES —

- \$45.00 Members of NCA, WSCA & EECA
- \$70.00 Non-Members (includes \$25 WSCA membership fee)
- \$30.00 Student & Retiree Members of NCA, WSCA & EECA
- \$50.00 Student & Retiree nonmembers (includes \$20 WSCA membership fee)

### On-Site Registration:

- \$55.00 Members of NCA, WSCA & EECA
- \$80.00 Non-Members (includes \$25 WSCA membership fee)
- \$40.00 Student & Retiree Members of NCA, WSCA & EECA
- \$60.00 Student & Retiree nonmembers (includes \$20 WSCA membership fee)

**WORKSHOPS:** Workshops will begin promptly and will run according to the number registered. On-site registrants must accept workshops on a space-available basis. Lunch may not be available to on-site registrants.

**WORKSHOP CHOICES:** Pre-registered attendees may participate in three workshops, keynote address, Exhibitors' Showcase and luncheon. Please refer to the brochure descriptions and workshop numbers when making your choices. Some workshops have limited enrollment — assignment will be on first come, first served basis, according to postmark.

**REFUNDS:** Refunds will be made only upon notification by e-mail, by Monday, February 27. Send name and address to [wsc@optonline.net](mailto:wsc@optonline.net).

**RETURNED CHECKS:** Registrants will be billed a charge of \$30 for any check returned for non-payment.

*If you prefer to register online and pay with paypal, go to [wsuffolkcounselors.org](http://wsuffolkcounselors.org) and click on **Spring Conference**.*

Questions: 631-209-1895

### For office use only:

Date Received \_\_\_\_\_

Check No. \_\_\_\_\_

Amount \_\_\_\_\_

Date To Treasurer \_\_\_\_\_

Please mail CHECK or MONEY ORDER – payable to **WSCA SPRING CONFERENCE** – with registration form to:

**WSCA Spring Conference, c/o David Oroza, 91 Hamilton Street, Patchogue, NY 11772**

Please indicate your workshop choices, in order of preference by number, for Sessions 1, 2, and 3.

**Session 1**  
9:20 – 10:20 am

1st	2nd

**Session 2**  
10:30 – 11:30 am

1st	2nd

**Session 3**  
1:45 – 2:45 pm

1st	2nd

### PLEASE PRINT CLEARLY

Name \_\_\_\_\_

Home Address (No. & Street) \_\_\_\_\_ (Town) \_\_\_\_\_ (State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_

School/Agency/Other \_\_\_\_\_ Position \_\_\_\_\_

School Address (No. & Street) \_\_\_\_\_ (Town) \_\_\_\_\_ (State/Zip) \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ Accommodations for Specific Needs \_\_\_\_\_  
(necessary for registration confirmation)

IF STUDENT, PLEASE INDICATE NAME OF COLLEGE ATTENDING \_\_\_\_\_

MY MEMBERSHIP AFFILIATION: ( ) Non-Member ( ) MEMBER of (please check one) \_\_\_\_\_ Western Suffolk Counselors' Assn. \_\_\_\_\_ EECA \_\_\_\_\_ NCA

*An e-mail confirmation will be sent to you. Please supply your e-mail address at left.*