

WSCA SPRING CONFERENCE – March 19, 2019 – REGISTRATION FORM

REGISTRATION FEES (Membership Required)

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

On-Site Registration:

- \$55.00 for Members of NCA, WSCA & EECA
- \$80.00 for Non-Members *(includes \$25 WSCA membership fee)*
- \$40.00 Student & Retiree Members of NCA, WSCA & EECA
- \$60.00 for 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 Friday, March 15. Send name and address to wsca@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 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.