## **REGISTRATION FORM**

## ALSCA Regional Workshop Fall 2020 (virtual) ● September 18, 2020 Real and Relevant for Right Now: Relevant Practices for Our Current Times



Russell A. Sabella, Ph.D. \*\*Bonus session with Laura Ross, Ed.S. – 2020 ASCA School Counselor of the Year\*\*

## REGISTRATION INFORMATION

## • Registration fee:

- Early registration (postmark deadline 8/21/20)
  - Current ALSCA members (member by 8/7/20): \$40
  - Non-ALSCA members: \$70
  - Students: \$25
- Late registration (postmark deadline 9/4/20)
  - Current ALSCA members (member by 8/7/20): \$70
  - Non-ALSCA members: \$100
  - Students: \$55
- o Each person benefiting from this virtual workshop must be registered as a participant (and logged in individually).
- No POs accepted. Checks only, payable to <u>ALSCA</u>. Venmo available, upon request.
- For ALCA and/or ALSCA membership: See the ALCA Website to join, renew, and/or check membership status: alabamacounseling.org/membership-application
- Please note: **Membership deadline is 8/7/20.** If membership in ALCA <u>and</u> ALSCA is not active on this date, participant must pay non-member rate. Verify membership in ALCA and ALSCA with ALCA, if needed: <u>alca@alabamacounseling.org</u>.
- Mail workshop registration forms <u>and</u> checks to:

ALSCA Regional Workshops Fall 2020

513 Thorn Berry Lane

Birmingham, AL 35242

- Please verify that the address indicated above is used. Otherwise, registration may not be processed.
- If paying as a group, mail all registration forms together, with a check, to ensure payment is processed correctly.
- For questions or workshop accommodations, please email your ALSCA PD Committee at alsca.pd@gmail.com.
- Workshop accommodations request deadline is **8/21/20**.
- No refunds. However, substitutions are allowed. Email substitution information by 9/11/20 to alsca.pd@gmail.com.
- For current W9, please check link in Listserv emails and/or ALSCA website: alabamaschoolcounselors.org.

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	<u>e form</u> for <u>each</u> partici	_				).					
Current member of ALCA and ALSCA?	NO	(Members	(Membership will be verified on 8/7/20.)								
Name:											
Address:											
City:			State:		2	Zip: _					
Phone: (personal)											
Email: (Print clearly, 1 character per bo	x.)										
PLEASE NOTE: Provide an email tha	t you check regu	larly. Your	registrat	ion c	onf	irmat	tion,	rece	eipt,	online	
registration <u>and</u> login will be connecte	d to this email.										
Position:											
School Counselor	School/System Administrator				Counselor Educator						
Counseling Coordinator	Teacher			Student							
School Based Therapist	_School Nurse				_Ot	her:					
School Social Worker											
Institution/School/University Name:											
If <b>Student</b> , list Professor's name and er	nail below, for veri	fication of s	tudent re	gistra	ation	n rate	<b>.</b>				
Professor's Name: Professor's Email:											