

REGISTRATION FORM

REGISTRATION INFORMATION

- Registration fee:
- Early registration (postmark deadline 8/10/22)
- Regular registration (final postmark deadline 8/31/22)
- Late registration (after final postmark deadline, 8/31/22, through day of workshop, 9/16/22; ONLINE/VENMO ONLY)
- Each person benefiting from this virtual conference must be registered as a participant (and logged in individually).
- No POs accepted. Checks only, payable to ALSCA.
- Please note: Membership will be verified on 8/10/22 and must be active through day of workshop, 9/16/22.
- Non-members who pay at the member rate will be charged the applicable registration rate plus a \$15 service charge, due to the additional processing required.
- To join, renew, or verify membership status with ALCA and ALSCA visit alabamacounseling.org/membership-application.
- Mail registration forms and checks to:
ALSCA Workshop
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 accommodations, please email your ALSCA Professional Development Committee at alsca.pd@gmail.com.
- Accommodations request deadline is 8/31/22.
- No refunds. However, substitutions are allowed for registered participants who are paid in full.
- For current W9, please check link in Listserv emails and/or ALSCA website: alabamaschoolcounselors.org.

PARTICIPANT INFORMATION—PLEASE PRINT CLEARLY

Submit a separate form for each participant, regardless if paying as a group.

Current member of ALCA and ALSCA? YES NO (Member by 8/10/22 and through day of workshop, 09/16/22)

Reminder: Non-members who pay at the member rate will be charged the applicable registration rate plus a \$15 service charge, due to the additional processing required.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (personal) _____ (work) _____

Email: (Print clearly, 1 character per box.)

PLEASE NOTE: Provide an email that you check regularly. Your registration confirmation, receipt, online registration and login will be connected to this email.

Grid for email verification

School/Organization Name: _____

Position: (Mark one selection below.)

- School Counselor School/System Administrator Counselor Educator
Counseling Coordinator Teacher Student*
School Based Therapist School Nurse Other:
School Social Worker

*If Student, please also list Professor's name and email below, for verification of student registration rate.

Professor's Name and Email: _____