ALSCA Virtual Learning Series | March 1, 2024
REGISTRATION FORM

DO NOT MAIL AFTER FEBRUARY 16TH. AFTER FEBRUARY 16TH, PLEASE REGISTER ONLINE!

Participant Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Work Phone:** _____

Email: *Please provide an email address that you check regularly. Your registration confirmation, receipt, and event login will be connected to this email.*

School/Organization Name: _____

Position: (check one)

_____ School Counselor
_____ Counseling Coordinator/Supervisor
_____ School/System Administrator
_____ District Mental Health Coordinator
_____ School Based Therapist
_____ School Social Worker
_____ Teacher
_____ School Nurse
_____ School Psychologist
_____ Counselor Educator
_____ Retired Counselor
_____ Student* (see below)
_____ Other (please specify):
_____

**Students must provide the name and email of a professor who can verify enrollment in order to utilize the student rate.*

Professor's Name: _____ **Email:** _____

Registration Fees & Payment Information

	By 1/12	By 2/16	After 2/16 ONLINE ONLY
_____ Current ALSCA Members	☐ $75	☐ $125	☐ $200
_____ Non-ALSCA Members	☐ $125	☐ $175	☐ $200
_____ Students	☐ $50	☐ $50	☐ $200
_____ CE Certificate Pre-Pay - Current ALSCA Members	☐ $5	☐ $5	☐ $5
_____ CE Certificate Pre-Pay - Non-ALSCA Members	☐ $25	☐ $25	☐ $25
TOTAL AMOUNT DUE	$_____	$_____	$_____

If you do not receive email confirmation within two weeks, please contact us at pd@alabamaschoolcounselors.org to verify registration.

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www.alabamaschoolcounselors.org | 659.272.5572