ALSCA Virtual Learning Series (VLS) | January 31, 2025
REGISTRATION FORM

DO NOT MAIL AFTER JANUARY 15TH. AFTER JANUARY 15TH, 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 app login will be connected to this email.*

School & District or 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 12/10	By 1/15	After 1/15 ONLINE ONLY
_____ Current ALSCA Members ***Member by 12/10/2024 and through 01/31/2025***	☐ $80	☐ $130	☐ $200
_____ Non-ALSCA Members	☐ $135	☐ $185	☐ $200
_____ Students	☐ $60	☐ $60	☐ $200

Mail completed registration form with a check, made payable to ALSCA, to the address below. ***Checks received with no registration forms will be returned.***

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