



14th National School Social Work Conference

Presented by School Social Work Association of America
March 30 – April 2, 2011 – Myrtle Beach, SC



To register, mail a check payable to “SSWAA” and mail with completed form to SSWAA, P.O. Box 634, Algonquin, IL 60102-0634 You may also pay online with a credit card at

www.sswaa.org through **Google Checkout** Purchase orders from schools and agencies are accepted.

Fax: 847-658-8223 (include purchase order) ▪ E-mail: iasswck@aol.com ▪ Website: www.sswaa.org

Name: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

<i>Postmarked On Or Before:</i>	Advance Rate Sept. 16 – Jan. 15, 2011	Regular Rate Jan. 15- March 7, 2011		TOTAL
Pre-Conference (with Conference)	\$50	\$50		
SSWAA Member* Student /Retired Member	\$325 \$175	\$350 \$200		
Non-SSWAA Member Student/Retired Non-Member	\$475 \$250	\$500 \$275		
Registration AND SSWAA Regular Membership** Student/Retired Membership	\$435 \$225	\$460 \$250		
Half Day / One Day Only	\$70 / \$140	\$70 / \$140	Wed. Fri. Thur. Sat.	
Student Volunteer***	\$90	\$90	Wed. Fri. Thur. Sat.	
* You must be a member in good standing at the time of registration in order to qualify for this rate.		(If not attending Conference) Keynote Meal Only \$40		
** Includes 12 month membership with Conference Registration (New or Renewal)				
*** Full time students only. Email Dot Kontak at dkontak1@aol.com for information regarding volunteering. Must volunteer minimum of 4 hours as assigned. No Meals included.		Late Fee: If postmarked after March 7, 2011 or On-Site Registration ADD \$35		
TOTAL				

(If registering early, will obtain later)		
Workshops	1st Choice	2nd Choice
Wednesday Pre-Conference	a.m. p.m.	
Thursday Session A		
Thursday Session B		
Thursday Session C		
Friday Session D		
Friday Session E		
Friday Session F		
Saturday Session G		

Meal Attendance

(Tickets required. Please let us know if you are NOT planning to attend.)

Wednesday Opening Reception ___ Will Attend ___ Will NOT Attend

Friday Meal ___ Regular ___ Vegetarian ___ No Meal

Saturday Meal ___ Regular ___ Vegetarian ___ No Meal

Would you care to Moderate a Session? ___ Yes ___ No

(Please circle the session which you would moderate.)

Please specify any special ADA accommodations:

(Must be submitted no later than February 28, 2011.)

OFFICE USE ONLY
Date Received _____
Amount Paid _____

REFUND POLICY: No confirmation will be sent—receipts will be available at registration desk upon request. All cancellations MUST be in writing. Written requests postmarked before **March 7, 2011** will be refunded minus a 25% administrative fee. **There will be no refunds after March 7, 2011**