

NOHS 2019 Conference Registration Form - October 23-25, 2019

Please complete the following information and return with payment to NOHS. For additional registrants, please photocopy this form.

Registrant Name: _____ College/Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Country: _____ HS-BCP Number: _____

For Students:

University or College Attending: _____ Expected Grad Date: _____

NOHS 2019 Conference Pricing Information

(10% Discount for Full Conference Registration with HS-BCP) ***THIS FORM IS REGULAR RATES AFTER 7/1/19***

Full Conference Registration includes education sessions, breakfast (Thursday and Friday), lunch (Thursday and Friday), and any applicable conference materials.

Rates for Educators & Practitioners

| | NOHS Member | Non Member |
|---|--------------------------------|--------------------------------|
| Full Conference Registration | <input type="checkbox"/> \$390 | <input type="checkbox"/> \$485 |
| Full Conference Registration w/ HS-BCP Discount | <input type="checkbox"/> \$351 | <input type="checkbox"/> \$436 |
| Single Day Registration (Thursday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |
| Single Day Registration (Friday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |

Rates for Retirees

| | NOHS Member | Non Member |
|---|--------------------------------|--------------------------------|
| Full Conference Registration | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$210 |
| Full Conference Registration w/ HS-BCP Discount | <input type="checkbox"/> \$158 | <input type="checkbox"/> \$189 |
| Single Day Registration (Thursday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |
| Single Day Registration (Friday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |

Rates for Students

| | NOHS Member | Non Member |
|---|--------------------------------|--------------------------------|
| Full Conference Registration | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$255 |
| Full Conference Registration w/ HS-BCP Discount | <input type="checkbox"/> \$203 | <input type="checkbox"/> \$229 |
| Single Day Registration (Thursday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |
| Single Day Registration (Friday) | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$200 |

CEU Request

Please select if you would like to receive CEU's, there will be an additional charge of \$25.00)

☐ Yes, I would like to receive CEU's. ☐ No, I do not need CEU's.

For CEU Recipient, Please select your CEU's: ☐ NASW ☐ HS-BCP ☐ NBCC

Conference Registration Fee \$ _____

CEU Additional (\$25 Fee \$ _____

Total Amount Due \$ _____

Cancellation Policy: All cancellation requests must be received in writing and postmarked or faxed to our offices by September 1, 2019. There is a processing fee of \$150 for all conference cancellations except Students. Students will receive a 50% refund for cancellation if received by September 1, 2019.

PAYMENT: ☐ Check (payable to NOHS) or **Credit Card** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ Exp. Date: _____ Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Address: _____ Security Code/CVV#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

National Organization for Human Services

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This form is for fax and mail use only. No emailed forms will be accepted.