

# Social Work Licensing Supervision Workshop

May 6-20, 2019

Name (First) (MI) (Last)

Work Address

Work City State Zip Code

Phone Number Ext.

Email

Birth Date MM/DD/YYYY (for CEUs/transcript purposes only)

Dietary Restriction and Food Allergies:

The information on this form is private data, used to identify and locate you. Name, address, birth date and payment method are mandatory.

## **Registration Fees:**

\$495.00 Early Bird if registered/postmarked by April 22, 2019

\$549.00 if registered/postmarked after April 22, 2019

\$165.00 one day registration (May 6, 2019)

\$350.00 - two day registration (May 6 and 20, 2019)

## **Payment Information:**

Check or Money Order in the amount of: \$

Please bill my employer, reference Purchase Order Number:

**Registrations are due by April 29, 2019. Register one of three ways: mail, email, or online with credit card.**

To register by mail, please print and mail to the address below. To register by email, please print, scan and email to the address below. **Checks payable to: St. Cloud State University.** To register online with credit card, click [here](#).

***Cancellation Policy:*** Fees will be refunded (less a \$25 service fee) only if cancellation is received via email to [register@scsutraining.com](mailto:register@scsutraining.com) by April 29, 2019. No refunds will be given after April 29, 2019.

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