

to request a special accommodation.

2020 NACSW Convention Student Virtual Registration

Please mail or scan/email this completed form and payment by October 16th, 2020 to NACSW, PO Box 121, Botsford, CT 06404 or info@nacsw.org. You may also register and submit payment for the convention by visiting our website at www.nacsw.org and clicking on the link to the convention page.

| Name: | | |
|--|--|---|
| rimary E-mail:Alternate E-mail: | | |
| Cell Phone: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| College/University that you attend: _ | | |
| Currently, I am a(n): [] Underg | raduate student [] Master studen | t [] Doctorate student |
| VIRTUAL CONVENTION EVENT | S | |
| Select and participate in up to pre-recorded workshops any t | ime during or up to 3 months after ou | time via Zoom. You can also download any of our 20+ |
| PAYMENT | | |
| [] \$25 Non-member RateOR[] \$20 Member Rate (applies to cur | rent individual members of NACSW o | only) |
| [] My check or money order is enclo | sed and made payable to: NACSW | |
| [] My credit card information is prov [] Visa [] MasterCard | | d \$ convention registration. |
| Cardholder's Name | | |
| Card Number | | Card Expiration Date / |
| Billing Address | | Zip |
| CVV Number (three or four di | git security code on your credit card) | |
| REFUND POLICY: Refunds are available | , if requested, until October 16th, 2020 | . After this date refunds are not available. |
| | | : least 30 days before the Convention if you would like |