

REGISTRATION (forms may be copied for multiple uses)

Please send completed registration form and check payable to Case Western Reserve University to: Continuing Education Program Mandel School of Applied Social Sciences, Case Western Reserve University, 10900 Euclid Ave., Cleveland, OH 44106-7164 or fax to (216)368-2836. For further information call (216)368-2274 or (800)944-2290 ext. 2274. Website: <http://msass.case.edu/ce>; Email: ce-msass@case.edu

**CONTINUING EDUCATION PROGRAM
WORKSHOP REGISTRATION WINTER 2008**

Name _____ Social Security # _____

Home Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____

Agency _____ Agency Phone (_____) _____

Agency Address _____ Agency Fax (_____) _____

City _____ State _____ Zip _____

Position _____ E-mail address _____

Highest Degree _____ Year _____ MSASS Alumnus/alumna of MSASS yes() no()

Check appropriate licensure C.E. requirement:

LSW LISW LPC LPCC BENHA RCH CNE PSYCH L.P.C.D.

Workshop No. _____ Fee: _____ Title _____

Workshop No. _____ Fee: _____ Title _____

Workshop No. _____ Fee: _____ Title _____

Workshop No. _____ Fee: _____ Title _____

Please select an alternative. (Will be used if a workshop or if a choice is canceled.)

Workshop No. _____ Fee _____ Title _____

CREDIT CARDS ARE NOT ACCEPTED

Total Enclosed \$ _____ **MSASS STUDENT**

NOTE: CERTIFICATES WILL NOT BE ISSUED UNTIL FEES ARE PAID

Please indicate if you need: Lodging Directions Handicap Parking

**SOCIAL WORK LICENSURE EXAMINATION REVIEW COURSE
NEXT REVIEW COURSE WILL BE ON THURSDAY, MAY 22, 2008**

Name _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Telephone No. Home (_____) _____ Work (_____) _____ E-mail address _____

Agency _____ Agency Fax (_____) _____

Agency Address _____

Street City State Zip

Position _____ License _____

Total Enclosed \$ _____ **MSASS STUDENT**

Please indicate if you need: Lodging Directions Handicap Parking