

REGISTRATION FORM (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 FALL 2007

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 for oversubscribed 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

REGISTRATION FORM –SEPTEMBER 15, 2007

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