



SUMMER SAVER SPECIAL

14th National School Social Work Conference

Presented by School Social Work Association of America
March 30 – April 2, 2011 – Myrtle Beach, SC



To register, mail a check payable to "SSWAA" and mail with completed form to SSWAA, P.O. Box 634, Algonquin, IL 60102-0634 You may also pay online with a credit card at www.sswaa.org through **Google Checkout** Purchase orders from schools and agencies are accepted.

Fax: 847-658-8223 (include purchase order) ▪ E-mail: jasswck@aol.com ▪ Website: www.sswaa.org

Name: _____ Title: _____
 Address: _____ City/State/Zip: _____
 Email: _____ Phone: _____

Postmarked On Or Before:	Summer Saver May 15-Sept 15., 2010	Advance Rate Sept. 16 – Nov. 30	Regular Rate Dec. 1- March 7	TOTAL
Pre-Conference	\$50	\$50	\$50	
SSWAA Member*	\$300	\$325	\$350	
Student /Retired Member	\$150	\$175	\$200	
Non-SSWAA Member	\$450	\$475	\$500	
Student/Retired Non-Member	\$225	\$250	\$275	
Registration AND SSWAA Regular Membership**	\$410	\$435	\$460	
Student/Retired Membership	\$200	\$225	\$250	
Half Day / One Day Only	\$70 / \$140	\$70 / \$140	\$70 / \$140	Wed. Fri. / Thur. Sat.
Student Volunteer***	\$90	\$90	\$90	Wed. Fri. / Thur. Sat.
* You must be a member in good standing at the time of registration in order to qualify for this rate. ** Includes 12 month membership with Conference Registration (New or Renewal) *** Full time students only. Email Dot Kontak at dkontak1@aol.com for information regarding volunteering. Must volunteer minimum of 4 hours as assigned. No Meals included.			(If not attending Conference) Keynote Meal Only \$40 Late Fee: If postmarked after March 7, 2011 or On-Site Registration ADD \$35	
TOTAL				

(If registering early, will obtain later)		
Workshops	1st Choice	2nd Choice
Wednesday Pre-Conference	a.m. p.m.	
Thursday Session A		
Thursday Session B		
Thursday Session C		
Friday Session D		
Friday Session E		
Friday Session F		
Saturday Session G		

Meal Attendance

(Tickets required. Please let us know if you are NOT planning to attend.)

Wednesday Opening Reception ___ Will Attend ___ Will NOT Attend ___
 Friday Meal ___ Regular ___ Vegetarian ___ No Meal ___
 Saturday Meal ___ Regular ___ Vegetarian ___ No Meal ___

Would you care to Moderate a Session? ___ Yes ___ No
 (Please circle the session which you would moderate.)

Please specify any special ADA accommodations:

(Must be submitted no later than February 28, 2011.)

OFFICE USE ONLY

Date Received _____

Amount Paid _____

REFUND POLICY: No confirmation will be sent—receipts will be available at registration desk upon request. All cancellations **MUST** be in writing. Written requests postmarked before **March 7, 2011** will be refunded minus a 25% administrative fee. **There will be no refunds after March 7, 2011**