

Registration Form (page 1 of 2)

COUNCIL ON SOCIAL WORK EDUCATION ANNUAL PROGRAM MEETING: **October 26–29** | Atlanta, GA

Mail this form to: ATTN: Accounts Receivable; CSWE Registration; 333 John Carlyle Street, Suite 400, Alexandria, VA 22314

Questions: apm@cswe.org. Phone: 703-683-8080 (Local) or 877-426-6323 (U.S. Toll Free)

1. Registrant Information (Please print)

First Name _____ Last Name _____

Pronouns (optional): She/Her/Hers He/Him/His They/Them/Theirs Ask me my pronouns (choose one only)

If Member, list ID # _____ If First-time Attendee, check here:

Work Institution / School (if a student) _____

Address _____

City _____ State/Province _____ Zip _____ Country _____

Phone/Fax _____ E-mail _____

Disability/Special Accommodations? Yes No Please e-mail apm@cswe.org with a written description of your needs.

2a. Choose Applicable Registration Category (choose one rate only).

For 1-Day Registration, indicate day here: Friday, October 27 Saturday, October 28

	A (to September 7)	B September 8 or After	Amount Due A or B
CSWE Accredited Program Registration Categories (2023 dues must be current through July 1, 2024)			
Member: Faculty and Administrators; and Associate Members	Full Conf: \$600 <i>or</i> One Day: \$450	Full Conf: \$650 <i>or</i> One Day: \$500	
Member: Emeritus	Full Conf: \$300 <i>or</i> One Day: \$280	Full Conf: \$300 <i>or</i> One Day: \$280	
Member: Undergraduate/Graduate Student ^a	Full Conf: \$150 <i>or</i> One Day: \$65	Full Conf: \$200 <i>or</i> One Day: \$100	
Member: Doctoral Student ^a	Full Conf: \$150 <i>or</i> One Day: \$100	Full Conf: \$165 <i>or</i> One Day: \$150	
Nonmember Registration Categories			
Student Nonmember: Undergraduate/Graduate ^a	\$200	\$250	
Student Nonmember: Doctoral ^a	\$200	\$250	
Nonmember	Full Conf: \$850 <i>or</i> One Day: \$700	Full Conf: \$900 <i>or</i> One Day: \$750	
Practitioner or Academician in Non-Social Work Field	Full Conf: \$350 <i>or</i> One Day: \$250	Full Conf: \$400 <i>or</i> One Day: \$300	
Social Work Practitioner	Full Conf: \$350	Full Conf: \$400	
Higher Education Librarian	Full Conf: \$350 <i>or</i> One Day: \$250	Full Conf: \$400 <i>or</i> One Day: \$300	
Additional Registration Categories			
Individual from Economically Less-Developed Country ^b	\$120	\$150	
Child (16 and Under). <i>Children must be supervised at all times. Not eligible for drawings.</i>	\$25	\$25	
Name _____			
Guest (17 and Older): <i>Not eligible for drawings.</i>	\$40	\$40	
Name _____			

^a Student rates require documentation. Post-docs are eligible for the doctoral student registration rate. See [Student Categories](#)

^b See the list of countries eligible for this rate under Individual from [Economically Less-Developed Country](#)

Please note: If you teach or work at an accredited, dues-paying social work program, you can activate your membership and save on APM Registration. Contact membership@cswe.org for assistance with membership questions.

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2b. Student Volunteer Registration

\$40 _____

Volunteer for a 4-hour consecutive shift on Thursday–Sunday, October 26–29. Daytime hours only. Once you fulfill your shift, you will receive a refund of your regular student rate and only pay \$40. Students cannot hold a full-time academic appointment. Provide your arrival and departure dates—we will not schedule during your presentation(s). **Verification of student status is required.** See [sample student verification letters](#).

Arrival date/time: _____ Departure date/time: _____

3. Summits and Institutes

(separate registration required)

		Early Bird (to September 7)	September 8 or After	Total
Thursday, October 26:	Field Education Institute	\$250	\$300	\$ _____
Thursday, October 26:	Leadership Development Institute	\$250	\$300	\$ _____
Thursday, October 26:	Teaching Institute for Faculty	\$250	\$300	\$ _____
Thursday, October 26:	Progressive Atlanta Civil Rights Tour	\$250	\$300	\$ _____
Sunday, October 29:	Assessment Institute	\$250	\$300	\$ _____
Sunday, October 29:	Student Summit	\$25	\$35	\$ _____

4. APM Awards Luncheon: Honoring Our Own—CSWE 2023 Awards Presentation

Yes, I will attend.

Sunday, October 29, 2023, 11:30 AM–1:00 PM

5. Continuing Education (CEs)

\$140 _____

GRAND TOTAL (pg. 1+2) \$ _____

6. Cancellation and Refund Policy

October 26–29 summit and institute fees are nonrefundable.

Submit registration cancellations to apm@cswe.org by **October 2, 2023**. No requests for refunds will be honored if they are e-mailed after this date. Registrants who do not cancel by **October 2, 2023**, and fail to attend the meeting will be charged the full registration fee.

Refunds will be less a \$75 administrative fee and must specify the payee. Refunds will be based on the original form of payment and processed within 30 days after the completion of the meeting. Refunds will not be processed after December 1, 2023. Please cancel housing reservations directly with your hotel.

CSWE is not liable for cancellation fees charged by hotels, airlines, or other means of transportation. By submitting a completed registration form, you acknowledge that you have read and understand the cancellation policy.

7. Substitution Policy

Substitution of registrations is permitted prior to the APM and on site. Submit substitutions to apm@cswe.org by October 2, 2023. After this date, please make any substitutions at the APM Registration Desk on site. Only one substitution is permitted per original registrant. The individual submitting the substitution request is responsible for all financial obligations (any balance due) associated with that substitution, as well as updating any contact information.

8. Statement on CSWE Conference Safety and Inclusiveness

9. Payment (must accompany this form)

Please note the Council on Social Work Education reserves the right to charge the correct amount if different from the total listed.

Check (Make check payable to the **Council of Social Work Education**. Checks must be drawn on a U.S. bank in U.S. funds.)

Charge Credit Card: MasterCard Visa American Express

Credit Card# _____ Expiration Date _____

Name of Card Holder _____ Signature _____

Billing Address _____