

Social Work Research Conference Registration Form

Applicant	t Information			Deadline	: Mond	day, November 24, 2014	
Full Name:						Date:	
	Last	First		M.I.			
Address:	Street Address				Apartment/Unit #		
	City				State	ZIP Code	
Phone:		XXX-XXX-XXXX	E-mail A	Address:			
Fax:		XXX-XXX-XXXX	GCSW s	student:	☐ No		
Registration Fees \$25.00 fee includes registration (2 days), CEUs and meals							
Check:	Regist	ration CE	:U's				
Day 1 - 6.0 CEUs/clock hours Day 2 - 4.0 CEUs/clock hours Total - 10.0 CEUs/clock hours			J	Last 4 digits of Social Security #: Provide last 4 digits of Social Security Number for CEUs			
Friday, December 5, 2014 8:00 a.m 4:00 p.m.				Saturday, December 6, 2014 9:00 a.m 12:00 Noon			
Day 1(Please check): Conference registration			Day 2 (Please o	check):	Conference registration		
Conference Location: Leonel Castillo Community Center 2101 South St. Houston, Texas 77009 Map							
Please mail or bring the completed form and a \$25.00 check/money order (cash not accepted) Make checks payable to the "University of Houston"							
Mailing Address Social Work Research Conference c/o GCSW-Continuing Education							

PARKING INSTRUCTIONS:

Houston, TX 77204 swcareer@Central.UH.EDU

There is no fee to park at this facility.