

CONFERENCE REGISTRATION

APPLICANT INFORMATION *Deadline: Monday, November 30, 2015*

Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

_____ *City State Zip*

Phone: _____ **Email:** _____
xxx-xxx-xxxx

Fax: _____ **GCSW Student:** Yes No
xxx-xxx-xxxx

REGISTRATION FEES

\$25 w/CEUs one or both days

\$10 General Admission

Includes Breakfast Both Days & Lunch Friday

CEUs will be available

Day 1 **6.25** CEUs/Clock Hours

Day 2 **4.00** CEUs/Clock Hours

Total 10.25 CEUs/Clock Hours

Check: Registration CEUs Last 4 digits of **Social Security #:** _____
Provide for CEUs

Friday, December 4th 8:00 – 4:00 pm

Saturday, December 5th 8:00 – 1:00 pm

Day 1 (Please check): Conference registration

Day 2 (Please check): Conference registration

MAILING ADDRESS

Please mail or bring the completed form and a \$25.00 check/money order *(cash or credit cards not accepted)*
Make checks payable to the "University of Houston"

Social Work Research Conference
c/o GCSW-Continuing Education
3511 Cullen Blvd Room 110HA
Houston, TX 77204-4013

CONFERENCE LOCATION

The Council on Recovery | 303 Jackson Hill Street, Houston, Texas 77007 [\[MAP\]](#)

UNIVERSITY of
HOUSTON
GRADUATE COLLEGE of SOCIAL WORK