

NOHS 2018 Conference Registration Form

October 24-27, 2018

Please complete the following information and return with payment to NOHS.

For additional registrants, please photocopy this form.

Registrant Name: _____ College/Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Country: _____ HS-BCP Number: _____

For Students:

University or College Attending: _____ Expected Grad Date: _____

For CEU Recipient, Please Select Your CEU's (Your registration fee includes your CEU's):

NASW HS-BCP NBCC

NOHS 2018 Conference Pricing Information

(10% Discount for Full Conference Registration with HS-BCP)

Full Conference Registration includes education sessions, breakfast (Thursday and Friday), lunch (Thursday and Friday), and any applicable conference materials.

Rates for Educators & Practitioners

	NOHS Member	Non Member
Full Conference Registration	<input type="checkbox"/> \$390	<input type="checkbox"/> \$485
Full Conference Registration w/ HS-BCP Discount	<input type="checkbox"/> \$351	<input type="checkbox"/> \$436
Single Day Registration (Thursday)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Single Day Registration (Friday)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Single Day Registration (Saturday Morning)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

Rates for Students & Retirees

	NOHS Member	Non Member
Full Conference Registration	<input type="checkbox"/> \$175	<input type="checkbox"/> \$210
Full Conference Registration w/ HS-BCP Discount	<input type="checkbox"/> \$158	<input type="checkbox"/> \$189
Single Day Registration (Thursday)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Single Day Registration (Friday)	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Single Day Registration (Saturday Morning)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

Total Amount Due \$ _____

Cancellation Policy: All cancellation requests must be received in writing and postmarked or faxed to our offices by September 1, 2018. Please note this is a FIRM policy. No refunds will be given after this date. There is a processing fee of \$150 for all conference cancellations except Students. Students will receive a 50% refund for cancellation if received by September 1, 2018.

PAYMENT: Check (payable to NOHS) or **Credit Card** Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ Amount Authorized: \$ _____

Cardholder Name: _____ Signature: _____

Address: _____ Security Code/CVV#: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

National Organization for Human Services

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This form is for fax and mail use only. No emailed forms will be accepted.