

FALL 2009 REGISTRATION FORM

Please check here if your address has changed since your last registration

FULL NAME _____

SOCIAL SECURITY # (OPTIONAL) _____

HOME ADDRESS (STREET) _____

HOME ADDRESS (CITY, STATE, ZIP) _____

WORK PHONE _____

HOME PHONE _____

FAX _____

DEGREE _____

YEAR _____

ALUMNUS/A OF UMSSW? YES NO

AGENCY _____

WORK ADDRESS _____

E-MAIL ADDRESS _____

GERIATRIC CARE MANAGEMENT CERTIFICATE PROGRAM APPLICANT? YES NO

ADOPTION COMPETENCIES FOR MENTAL HEALTH PROFESSIONALS CERTIFICATE PROGRAM APPLICANT? YES NO

WORKSHOP NUMBER(S): 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

PAYMENT INFORMATION

WORKSHOP TUITION _____ \$

BALTIMORE PARKING SARATOGA GARAGE (\$4 PER DAY—NOT AVAILABE ON SATURDAY) _____ \$

DISCOUNTED TUITION (PLEASE CIRCLE) (SENIOR/STUDENT) _____ \$

TOTAL _____ \$

AGENCY WILL SEND PAYMENT (ATTACH AGENCY DOCUMENTATION): _____

SELECT A PAYMENT METHOD

A CHECK (PAYABLE TO UMSSW-CPE) IS ENCLOSED IN THE AMOUNT OF: _____

A PURCHASE OREDER IS ATTACHED IN THE AMOUNT OF: _____

CHARGE MY: MASTER CARD VISA DISCOVER

CARD NUMBER:

EXP. DATE: / VID# (BACK OF CARD): AMOUNT AUTHORIZED: \$

SIGNATURE _____

Please fax your registration to 410-706-8325 or mail to: UMSSW CPE 525 West Redwood Street, Baltimore, MD 21201

OFFICE USE ONLY				
Amount Paid:	Amount Unpaid:	Paid by:	Check Number/Date:	Confirm/Date:
Adjustments:				

DISCOUNTS: 25% for Senior 65 +; 50% Current Students; 35% Faculty & Staff
There is no discount for Ethics, Professional Development and Certificate Programs.

NOTE: If an agency is sending payment, please indicate this on the registration form, pre-register using a copy of the registration form, and attach documentation. Ultimately, it is the responsibility of the registrant to ensure payment prior to the workshop date.

REGISTRATION DEADLINE: Two weeks prior to the workshop(s) in which you wish to enroll. After the deadline, a non-refundable \$20 late fee will be added to the cost of each workshop. Early registration is encouraged.

If special accommodation is needed for a disability, please make request two weeks in advance of program date.

Upon receipt of registration form and tuition payment, a confirmation letter will be sent along with directions and any specific instructions for the registered workshop(s). If you do not receive a confirmation letter within two weeks of registering, please call 410-706-5040, the Office of Continuing Professional Education direct line for registration inquiries.