



2017 ANNUAL CONFERENCE REGISTRATION FORM

EGPS ANNUAL CONFERENCE
P.O. BOX 20686, HUNTINGTON STATION, NY 11746-0861
(631) 385-0763 ■ fax (631) 223-1726 ■ email: info@egps.org ■ website: www.egps.org

PLEASE PRINT CLEARLY

Name _____

Nickname & Credentials for Badge _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

Please check all that apply: EGPS Member Non Member 1st Time Attendee If you are a First-Time Attendee and would like to be connected with an experienced Conference attendee please check this box.

If you are not a member of EGPS how did you hear about the Conference? _____

Non members who submit a membership application and dues payment with registration can register at member rates. For more information on the member benefits go to: www.egps.org

A. WORKSHOP SELECTIONS – Please list your selections by number and indicate alternate choices. Assignments are made in order of receipt and no selections are guaranteed.

"A" Session	Friday	1st _____	2nd _____	3rd _____
"B" Session	Friday	1st _____	2nd _____	3rd _____
"C" Session	Saturday	1st _____	2nd _____	3rd _____
"D" Session	Saturday	1st _____	2nd _____	3rd _____

B. FEE SCHEDULE – For Friday and Saturday. Please circle payment amount.

	Before November 1st	After November 1st and On-Site
	<u>One Day / Two Days</u>	<u>One Day / Two Days</u>
EGPS Members	\$225 / \$325	\$275 / \$375
Non-Members	\$275 / \$425	\$325 / \$475
Graduate Students & Residents*	\$135 / \$210	\$160 / \$235

*To qualify for this rate, registration must be accompanied by a current bursar's receipt or letter showing full-time enrollment in a graduate degree program. Conference scholarships are available. For information, call (631) 385-0763 or email info@egps.org.

Cancellation Policy: Cancellations received prior to November 1st will be assessed a fee of \$50; there will be no refund on cancellations received after November 1st.

Group Rates: Discounted rates are available to agencies and institutions that register 3 or more registrants prior to November 1st. Registrations must be received together accompanied by a letter from the agency listing those attending. For further information call 631-385-0763.

Continuing Education Credits: For those requesting CEUs there is an additional \$30 fee.

C. PAYMENT:

Registration Fee \$ _____ Check enclosed Pre-Paid Faculty

Contribution to the Conference Scholarship Fund: \$ _____ Credit Card (complete all information below)

CEUs: \$ _____

TOTAL ENCLOSED \$ _____

Credit card payments must provide the following information:

Name on Card _____ Code: _____

CC# _____ Expiration Date _____

Credit Card Billing address if different from above (MUST include zip code) _____