



## 2018 ANNUAL CONFERENCE REGISTRATION FORM

EGPS ANNUAL CONFERENCE  
P.O. BOX 20686, HUNTINGTON STATION, NY 11746-0861  
email: info@egps.org ■ (631) 385-0763 ■ fax (631) 223-1726 ■ 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? ( please credit specific person or email list ): \_\_\_\_\_

**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** – List your selections by number & 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/or highlight 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: 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 or email info@egps.org.

**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) \_\_\_\_\_