

MCSW Membership &

District Conference Registration Form

Name: _____

Address: _____

Agency/Company: _____

Phone: _____

Email: _____

Indicate date(s) and district conference(s) you are registering to attend: _____

Registration Fees

- | | |
|---|---------------------|
| <input type="checkbox"/> MCSW Membership | \$40 |
| <input type="checkbox"/> Non MCSW Member | \$50 |
| <input type="checkbox"/> Student (Full Time) | \$10 |
| <input type="checkbox"/> Membership Current & Registering
for my free District Conference(s) | No Payment Required |

Total Submitted \$ _____

Payment Method: Cash _____ Check # _____ Money Order _____ PayPal _____

Register by mail, postmarked 5 business days prior to conference, to:

MCSW , P.O. Box 16764, Hattiesburg, MS 39404 or you may register by email up to one day prior to conference: info@mcsw.org and pay registration fee via PayPal: www.mcsw.org Continuing Education tab, District Conferences. **(No credit cards accepted)**

****REFUNDS WILL ONLY BE GIVEN TO THOSE CANCELLING 5 DAYS PRIOR TO EACH CONFERENCE. \$25 Fee for Returned Checks.** Email or call to verify if on-site registration is available.

If you require special assistance, please call 601-213-7520 or email info@mcsw.org.