

# NASW-GA State Virtual Conference –Check Payment Registration Form

This form is to be completed and submitted with Conference Check Payment
**Date of Program: April 4 & 5, 2025 | Title: 2025 NASW-GA State Virtual Conference
Theme: Stronger Together**

# Conference Venue: Zoom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# (Please complete form and make legible)

1. **Registrant’s Information**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Write registrant’s name as you want it to appear on the Continuing Education Certificate)

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Provide address associated with check payment)

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (registrant’s e-mail address)
(Please use the email address which you will use for the duration of the conference. This is address s where the links to join the conference will be sent.)

Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (registrant’s telephone number)

Are you a NASW/NASW-GA Member?

\_\_\_\_\_\_\_\_Yes \_\_\_\_NO Provide Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. **Check Payment Category**

(Please check one) - Program Date Attendance.

 \_\_\_\_\_\_\_1 Day | \_\_\_­­\_\_\_2 Day

**\*Payment Method: (Check one)
\_\_\_\_\_ Check \_\_\_\_\_\_Money Order:**

**Mail Payment & Completed Form**:
NASW-GA Chapter 2300 Henderson Mill Road, NE Suite 308, Atlanta, GA 30345