

**REGISTRATION (forms may be copied for multiple uses)**

Please send completed registration form and check payable to Case Western Reserve University to: Continuing Professional Development and Continuing Education Program Mandel School of Applied Social Sciences, Case Western Reserve University, 10900 Euclid Ave., Cleveland, OH 44106-7164 or fax to (216)368-2836. For further information call (216)368-2274 or (800)944-2290 ext. 2274. Website: <http://msass.case.edu/ce>; Email: [ce-msass@case.edu](mailto:ce-msass@case.edu)

**CONTINUING EDUCATION PROGRAM  
WORKSHOP REGISTRATION FALL 2009**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Agency \_\_\_\_\_ Agency Phone (\_\_\_\_\_) \_\_\_\_\_  
Agency Address \_\_\_\_\_ Agency Fax (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ E-mail address \_\_\_\_\_  
Highest Degree \_\_\_\_\_ Year \_\_\_\_\_ MSASS Alumnus/alumna of MSASS yes( ) no( )

Check appropriate licensure C.E. requirement:

LSW  LISW  LPC  LPCC  BENHA  RCH  CNE  PSYCH  L.P.C.D.

Workshop No. \_\_\_\_\_ Fee: \_\_\_\_\_ Title \_\_\_\_\_  
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Workshop No. \_\_\_\_\_ Fee: \_\_\_\_\_ Title \_\_\_\_\_  
Workshop No. \_\_\_\_\_ Fee: \_\_\_\_\_ Title \_\_\_\_\_

Please select an alternative. (Will be used if a workshop or if a choice is canceled.)

Workshop No. \_\_\_\_\_ Fee \_\_\_\_\_ Title \_\_\_\_\_

**CREDIT CARDS ARE NOT ACCEPTED**

Total Enclosed \$ \_\_\_\_\_  MSASS STUDENT

**NOTE: CERTIFICATES WILL NOT BE ISSUED UNTIL FEES ARE PAID**

Please indicate if you need:  Lodging  Directions  Handicap Parking

Click here to automatically: