

Augsburg College, Minneapolis, MN, June 12-13, 2014

Participant Information (Please print clearly) Full Name: ______ (First name for badge): _____ University/Organization: Preferred Mailing Address: City: _____ State/Province: ____ Zip: ____ Country: Telephone: _____ Fax: _____ Email: ____ **Conference Registration** Please check appropriate registration fee Full conference registration **S** \$150 **1** \$125 Full student conference registration Thursday only registration □ \$100 Thursday only student registration **\$75** Friday only registration **\$75** Friday only student registration **\$50 Payment Information** ☐ Check (Please enclose a check payable to Augsburg College Social Work Department.) ■ MasterCard ☐ Visa Credit card # Date of Expiration Name of Cardholder Signature Billing Address

To Register

Fax: Complete this form and fax; must include credit card information (U.S. 612-330-1493, International +1-612-330-1493)

Mail: Complete this form and mail. Must include credit card information or a check made payable to Augsburg College Department of Social Work. Mail complete registration form along with full payment to:

Augsburg College, Department of Social Work, 2211 Riverside Ave, Campus Box 51, Minneapolis, MN 55454

Questions

E-mail: intlswkconf@augsburg.edu, Telephone: +1-612-330-1189