

CLINICAL CONFERENCE SERIES | 2018-2019

Please mail or fax this form to:

Bowen Center for the Study of the Family
 Georgetown Family Center
 4400 MacArthur Blvd NW, Suite 103
 Washington, DC 20007
Fax: 202-965-1765

Make checks payable to **The Bowen Center**. Outside the US, please use a credit card.

Name: _____

Organization: _____

Address: _____

City, State, Zip, Country: _____

Daytime Phone: _____

Email Address: _____

Credit Card: **American Express / Diner's Club / Discover / JCB / MasterCard / Visa**
 (Please circle appropriate card)

Credit Card No: _____

Expiration Date: ___/___ CVV: _____

Full Year Package (7 Conferences)*:	\$450.00 <i>save 32%</i>
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Four Conference Package*:	\$320.00 <i>save 15%</i>
Dates Selected: 1) _____ 2) _____ 3) _____ 4) _____	

Individual Conferences (Circle One)*:	
Regular	\$95.00
First-Time Attendee [†]	\$75.00
Full-Time Student [‡]	\$25.00
Part-Time Student [§]	\$45.00
Date Selected: _____	

CEU/CEs (Check One): <input type="checkbox"/> Social Work <input type="checkbox"/> Counseling <input type="checkbox"/> NY SW CEUs (No cost)	
Number of Conferences x \$15	\$ _____

TOTAL	\$ _____
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* Excludes October and February Conferences.

[†] The **First-Time Attendee rate** is available only for individuals who have not previously attended a Clinical Conference.

[‡] **Full-time Students** must provide a letter (or registrar documentation) from the registrar's office indicating full-time student status *and* their student ID to be eligible for the discounted rate. The letter/document must indicate current full-time student status in the fall quarter/semester of 2018.

[§] **Part-time Students** must present their student ID to receive the discounted rate.