T-Shirt Size:	
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Arkansas School Counselor Association & Arkansas Department of Education **School Counselor Conference Registration Form** Hot Springs Convention Center, Hot Springs, Arkansas July 19 -21, 2017

Contact Information: Name:				ArSCA	A Membershi	p ID:			
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Agency/School:	·			Position:					
Work Address:	ss:			Home Address:					
City:			_	City:					
State:	Zip:			State:			Zip:		
Work Phone:				Home Phone: _					
Work E-mail:				Home E-mail:					
Your registration fee included Please indicate your attending guest attending with you, the Attending Wedn Attending Thurs Early Bird prices a Registration after of the price	udes ance neir m esda day are el	meals served of so we may have eals are \$35 early luncheon luncheon	ve an ach.	accurate No.	ot attending ot attending	Wed Thui	nesday rsday l	have additional y luncheon uncheon ily 3, 2017.	
Conference Fees	Farly Rind				Received June 17–July 3, 2017			Total Due	
ArSCA Mem	ber	\$200.00		3.000	\$300.00	•			
Retired/Student Mem	ber	\$100.00			\$150.00				
Non-Mem	ber	\$300.00			\$400.00				
Additional Meal(s) Wednes	sday	\$ 35.00	Х		\$ 35.00	Х			
Additional Meal(s) Thurs	day	\$ 35.00	Х		\$ 35.00	Х			
,			7,1		5	T	OTAL		
Payment Options: If paym Check: Make Check	Payat	ple to: Arkans P.O. Bo Conway	as Sc x 114	hool Cour 70	on & payment t selor Associa	to ArS0		ess below.	
Purchase Order: Purchas Number		er #: unselors attache	d to th	is P.O.:					
Credit Card: Please supply credit card information: Name on Card	ı.	DISCOVER METHORS OUTSELECAN DOUGLESS		edit Card # piration Dat Signature:	e:/_	W		Security Code:	
Contact: Phone/Email	_	usie Harvison at	Arkar		counselors@am	nail.cor	n or 50	1-428-7167	

Note: Refunds will be granted less a \$35.00 processing fee on or before July 18, 2017. Requests after this date will be considered upon an individual basis and must be approved by ArSCA Board.

All reimbursements will **only** be issued to the party who made the original payment. Thank you.