

T-Shirt Size: _____

**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 Membership ID: _____
(If non-member, write nonmember)

Agency/School: _____ Position: _____
 Work Address: _____ Home Address: _____
 City: _____ City: _____
 State: _____ Zip: _____ State: _____ Zip: _____
 Work Phone: _____ Home Phone: _____
 Work E-mail: _____ Home E-mail: _____

Conference Fee and General Sessions:






Your registration fee includes meals served on Wednesday, July 19 and Thursday, July 20, 2017. Please indicate your attendance so we may have an accurate count for the caterer. If you have additional guest attending with you, their meals are \$35 each.

Attending Wednesday luncheon **Not attending Wednesday luncheon**
 Attending Thursday luncheon **Not attending Thursday luncheon**

Early Bird prices are eligible until June 16, 2017. Online registration ends July 3, 2017.
 Registration after deadline will be on-site. On-site registration MAY NOT guarantee a meal.

Conference Fees	Early Bird Received by June 16, 2017	Received June 17–July 3, 2017	Total Due
ArSCA Member	\$200.00	\$300.00	
Retired/Student Member	\$100.00	\$150.00	
Non-Member	\$300.00	\$400.00	
Additional Meal(s) Wednesday	\$ 35.00 X <input type="checkbox"/>	\$ 35.00 X <input type="checkbox"/>	
Additional Meal(s) Thursday	\$ 35.00 X <input type="checkbox"/>	\$ 35.00 X <input type="checkbox"/>	
TOTAL			

Payment Options: If payment sent by mail, please send application & payment to ArSCA address below.

Check:	Make Check Payable to: Arkansas School Counselor Association P.O. Box 11470 Conway, AR 72034		
Purchase Order:	Purchase Order #: _____ Number of counselors attached to this P.O.: _____		
Credit Card: Please supply credit card information:			Credit Card # _____
			Expiration Date: ____ / ____  Security Code: _____
	Name on Card: _____		Signature: _____
Contact:	Phone/Email Susie Harvison at ArkansasSchoolCounselors@gmail.com or 501-428-7167		

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.