

**2021 ArSCA & DESE School Counselor
VIRTUAL Conference Registration Form
June 28 -30, 2021**

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: _____

VIRTUAL REGISTRATION AND CATEGORIES	
ArSCA Professional Member (Includes a complimentary ArSCA Professional membership)	\$200.00
Retired/Student ArSCA Member	\$100.00

Area of sessions you are most interested in viewing: _____ Elementary
 _____ Secondary

Checks:	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:	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 not be granted for cancellation of registration. Appeals for partial reimbursement may be made to the ArSCA board through the appeals form found on the website and each will be considered upon an individual basis after conference. Thank you.

Each debit/credit transaction will incur a \$3 fee.