

# NASW-GA State Virtual Conference –Check Payment Registration Form

This form is to be completed and submitted with Conference Check Payment  
**Date of Program: August 18-20, 2022 | Title: 2022 NASW-GA State Virtual Conference  
Theme: The Time is Right for Georgia Social Work**

# Conference Venue: Zoom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# (Please complete form and make legible)

1. **Registrant’s Information**

Vendor/ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Write registrant’s name as you want it to appear on the Continuing Education Certificate)

Vendor Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
(Provide address associated with check payment)

Vendor E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (registrant’s e-mail address)   
(Please use the email address which you will use for the duration of the conference. This is address s where the links to join the conference will be sent.)  
  
Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (registrant’s telephone number)   
  
Are you a NASW/NASW-GA Member?

\_\_\_\_\_\_\_\_Yes \_\_\_\_NO Provide Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. **Check Payment Category**

(Please check one) - Program Date Attendance.

\_\_\_\_\_\_Pre-Conference | \_\_\_\_\_\_\_1 Day | \_\_\_\_\_2 Day | 3 Day\_\_\_\_\_\_

**\*Payment Method: (Check one)   
\_\_\_\_\_ Check \_\_\_\_\_\_Money Order:**

**Mail Payment & Completed Form**:   
NASW-GA Chapter 2300 Henderson Mill Road, NE Suite 308, Atlanta, GA 30345