 

**Group Registration Form for the Virtual 45th Annual Convention & Expo from October 27 – 30, 2020**

|  |  |  |
| --- | --- | --- |
| **Agency:**  | **Contact:**  | **Title:**  |
|  |  |  |
| *[TYPE HERE]* | *[TYPE HERE]* | *[TYPE HERE]* |
| **Address:** | **City / State / Zip:** |
| *[TYPE HERE]* | *[TYPE HERE]* |
| **Phone:** | **E-Mail:**  |
| *[TYPE HERE]* | *[TYPE HERE]* |

**FEES:**

***Early Bird Registration - ends 9/18/2020 Regular Registration Pricing – begins 9/19/2020***

Members: $60 Members: $90

Nonmembers: $110 Nonmembers: $160

**PLEASE INDICATE HOW MANY PEOPLE YOU ARE REGISTERING:**

□ 1 – 9 registrants: # of Registrants \_\_\_\_\_

□ 10 – 19 registrants, there is a **10% discount**: # of Registrants \_\_\_\_\_

 □ 20 or more registrants, there is a **20% discount**: # of Registrants \_\_\_\_\_

**TOTAL AMOUNT DUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT METHOD:**

□ Check (payable to the Providers’ Council, 100 Crossing Blvd, Suite 100, Framingham, MA 01702)

 □ VISA

 □ Mastercard

Please contact tjordan@providers.org to pay securely via credit card. DO NOT send credit card information via email.

***Secure your chance to win EARLY BIRD RAFFLE PRIZES by submitting your registration by the September 18 deadline!***

**LAST DAY TO REGISTER IS OCTOBER 20**

Mail Registration Form and Payment: Providers’ Council, 100 Crossing Blvd, Suite 100, Framingham, MA 01702

Questions? Contact pdaily@providers.org.

\***Your email address is your ticket to our virtual event\* It MUST BE UNIQUE to the individual being registered.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Job Title | Email Address**\*** | CEU Type(Social Work, LMHC, or LADC) | CEU License Number | Special Accommodations?(i.e. sign language interpreter) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |