

ASCA @ home

REGISTRATION FORM

NAME AND ADDRESS

Name _____

ASCA Member # _____ Exp. Date _____

Home Address _____

City _____ State _____ ZIP _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Special Needs? Yes No If yes, explain on separate page.

Name of School/Institution _____

Work Setting/Level _____

Job Title _____

REGISTRATION

ASCA Member \$99 Nonmember \$249

TOTAL REGISTRATION FEES

Conference Registration \$ _____

Purchase order processing fee (if applicable) \$10 \$ _____

(Note, if you are paying by purchase order only, please add \$10 to cover administrative processing costs; all purchase orders must be paid before the conference begins.)

Total Payment: \$ _____

PAYMENT INFORMATION

Check Enclosed Purchase Order (must be accompanied by registration form)

To pay by credit card, register online at <https://bit.ly/ASCAatHome23>

RETURN COMPLETED REGISTRATION FORM WITH PAYMENT OR PURCHASE ORDER TO:

277 S. Washington St., Suite 390, Alexandria, VA 22314 or email to asca@schoolcounselor.org

