### MC900408272[1]MC900408272[1]New Jersey College Counseling Association

### Registration Form 2018

Fill out the form below for each individual registering for membership and/or conference.

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| **Membership**(June 1st through May 31st of each year) |
|  | **Please select one below:** |
| [ ] **Professional****$35** |[ ]  University Counseling Center Affiliated |
|  |[ ]  Associate(Private Practice/ Other Professional) |
|  |[ ]  Retiree |
|  |
|[ ]  **Please provide the following:** |
| **Student****$15** | Degree being sought  [ ]  Masters [ ]  Doctorate |
|  | School:  |
|  | Ant. Gradation Year: |
|  |
|[ ]   **No Membership** |
| Information regarding membership is available at: <http://www.njcollegecounseling.org/membership.html> |

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| **Conference**(registration received by 5/18/18) |
|[ ]  **NJCCA Professional Member★** | **$75** |
|[ ]  **NJCCA Student Member★** | **$35** |
|[ ]  **Non-member** | **$110** |
| **Conference**(registration received after 5/18/18) |
|[ ]  **NJCCA Professional Member★** | **$100** |
|[ ]  **NJCCA Student Member★** | **$45** |
|[ ]  **Non-member** | **$150** |
| **★Membership pricing is only available to those who have active membership at time of the conference.** |
| Information regarding the conference is available at: <http://www.njcollegecounseling.org/conference-2018-info.html> |
| Information regarding Continuing Education Hours available at: <http://www.njcollegecounseling.org/continuing-education-info.html> |

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| **Registrant Information** |
| First Name:  | Last Name: |
| Preferred Phone #: | Email: |
| Institution (University or College name/Private Practice/Other): |
| Job Title/Position: |
| Mailing Address: |
| City: | State: | Zip: |
| ADA Needs: |
| The conference facilities meet ADA accessibility standards. If you require accommodation for ADA needs, please notify NJCCA at time of registration.  |

**Payment Information**

Please make checks or purchase orders payable to “**New Jersey College Counseling Association**”

Mail this **form and check or purchase order** to:

Chris Mckittrick, NJCCA Treasurer

Counseling & Psychological Services

400 Cedar Avenue

West Long Branch, NJ 07764

Cancellation Policy: Written request for cancellation received prior to May 31, 2018 will be granted a full refund; requests may be emailed to cmckittr@monmouth.edu . No refunds will be issued for requests to cancel after May 31, 2018 and/or for failure to attend part/all of the event.