



2017 UADVT Conference

Utah Valley Convention Center
Provo Utah

September 6-8, 2017

REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

City, ST, Zip: _____

Day Phone: _____

Email address: _____

CEU's: please indicate your category:

- Social Worker Marriage and Family Therapist
 Psychologist Licensed Professional Counselor

Note: All attendees will receive a certificate of participation listing the number of approved training hours actually attended. Daily sign in and sign out is required.

FOUR EASY WAYS TO REGISTER:

1. ONLINE: <http://uadvt.org>
2. FAX: (435) 797-0636
3. MAIL: UADVT Conference Registration
Utah State University
5005 Old Main Hill
Logan UT 84322-5005
4. PHONE: 1-800-538-2663 or (435) 797-0423

CONFIRMATIONS:

Confirmations will be emailed for registrations received online, and via fax or mail when given an email address.

METHOD OF PAYMENT

Full Payment is required with registration (*check one*)

Check payable to: *Utah State University*
 Purchase order # _____ (please attach copy)
 Visa MasterCard AmEx Discover Diners Club

For Credit Card Payment, call the registration desk at:
1-800-538-2663 or (435) 797-0423

CANCELLATION & REFUND POLICY:

Due to financial commitments made by the organization for meeting space and other commitments, there are no refunds, however substitutions are accepted with a \$25 processing fee

REGISTRATION

Includes conference admission and materials, lunch on Wednesday and Thursday,* and 2017 membership in the UADVT organization. Early rates expire July 31, 2017

CONFERENCE REGISTRATION

	Early	Late
Full Conference: All Three Days	<input type="checkbox"/> \$195	<input type="checkbox"/> \$245
One Day Rate: Wednesday	<input type="checkbox"/> \$170	<input type="checkbox"/> \$220
One Day Rate: Thursday	<input type="checkbox"/> \$170	<input type="checkbox"/> \$220
One Day Rate: Friday	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205

Community Partner Table (free to registered attendee – display only, no sales permitted) **power not included

Lunch is included* Please indicate all you will attend:

Wednesday Thursday Neither

**Your registration includes the lunch items selected by the organizing committee, based on the menu choices provided by the facility. Please see the website at uadvt.org for menus and a list of alternative food outlets.*

Guest Meal: \$16 Wednesday Lunch Thursday Lunch

Dietary restrictions: Reasonable requests for accommodations due to dietary restrictions will be accepted with at least a 14 day advance. Accommodations/ substitutions from the published menus are at the discretion of the facility at the time of delivery.

Vegetarian Vegan Celiac-no gluten Medical Allergy
 Specify allergy: _____

Accommodations for persons with disabilities:

Specify below to request reasonable accommodations for persons with disabilities (14 working days' notice required).

SPONSORSHIP OPTIONS: (Includes listing on conference website and printed program)

\$100 \$250 \$500 \$750 \$1,000
 Other _____

EXHIBIT SPACE (includes conference registration and listing on conference program)
 10' x 10' space with one table, two chairs.....\$245

2017 UADVT membership: I am not registering to attend the conference but would like to join UADVT....\$195

Total Amount Enclosed: \$ _____