2018 UADVT Conference

Utah Valley Convention Center
Provo Utah

September 12-14, 2018

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: (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 2018 membership in the UADVT organization. Early rates expire August 10, 2018

CONFERENCE REGISTRATION	Early	Late
Full Conference: All Three Days	❑ **$195**	❑ **$245**
One Day Rate: Wednesday	❑ $170	❑ $220
One Day Rate: Thursday	❑ $170	❑ $220
One Day Rate: Friday	❑ $155	❑ $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**

❑ **2018 UADVT membership:** I am not registering to attend the conference but would like to join UADVT….**$195**

Total Amount Enclosed: **$**_____