NASW NORTH CAROLINA CHAPTER
National Association of Social Workers

_____ HOUR(S) OF CONTINUING EDUCATION

Please send a check or money order made out to "NASW-NC", with the below registration form to:

REGISTRATION:
Name: _____ **Organization:** _____

Address: _____
Street **City** **State** **Zip**
Phone: _____ **Email:** _____

NASW Member: Yes ☐ No ☐ If No, are you interested in Joining NASW: Yes ☐ No ☐
Student: Yes ☐ No ☐ If Yes, Name of School: _____

Please indicate the number of attendees below:
____ NASW Member…… $
____ Non-NASW Member…… . $
____ Current BSW or MSW student…….…… $

Amount enclosed: $ _____
Check or Money Order #: _____