

Registration Form PROFESSIONAL DEVELOPMENT PROGRAM

Please note: **Complete information and full payment** are required to complete your registration. If paying by credit card, you may fax this form to 773.702.7222 or call 773.702.1166.

Print clearly or type

Please complete the form and return with payment to:

Professional Development Program Tel: 773.702.1166
The University of Chicago Fax: 773.702.7222
School of Social Service Administration Email: pdp@ssa.uchicago.edu
969 East 60th Street
Chicago, IL 60637

Autumn 09

Name _____ Job Title _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

Field of Practice (select as many as applicable):

- | | | |
|---|---|--|
| <input type="checkbox"/> Addiction/Substance Abuse | <input type="checkbox"/> Clinical Administration | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Community Development | <input type="checkbox"/> Private Clinical Practice |
| <input type="checkbox"/> Agency Management | <input type="checkbox"/> Crisis/Trauma Intervention | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Dying/Bereavement | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Child/Adolescent Mental Health | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Hospital Social Work | <input type="checkbox"/> Youth Development |

Other _____

Professional License # _____

Highest Education Degree _____ Total Years Experience _____

(Please register early as space is limited)

Event Name _____

Date _____ Tuition _____

Event Name _____

Date _____ Tuition _____

Discounts

Only one form of discount may be used

- Current SSA student, class of _____ 50%, (up to \$100)
- SSA alumnus, class of _____ 20%
- Group discount for 5 or more registrations _____ 20%
- SSA Field Instructor at _____ 50%, 1-year, up to \$70
SSA student's name _____
- Full-time employee at the University of Chicago _____ 50%

The University of Chicago Hospitals does NOT offer tuition remission for these programs.

Social Security # _____

Department _____

Total Tuition \$ _____

Total Tuition -\$ _____

Payment

- Check** (Please make check payable in U.S. dollars to SSA, The University of Chicago)
- Visa** **Mastercard** (If paying by credit card, you may fax this form to 773.702.7222.)

Acct # _____ Exp: _____

Name on Card (please print) _____

Signature _____ Date _____

Please include Late Fee if registering past the deadline. Registrations and payment must be received by registration deadline. Late Fee \$25.00

Grand Total \$ _____

Registration is not complete without full payment and receipt of confirmation.