

Registration

Personal Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Work Phone: () _____ Home Phone: () _____

Fax: () _____

E-mail: _____

Organization Name: _____

Are you a certified Social Worker? [] Yes [] No

May we add your email address to the Alliance listserv, which will be used only to update you about our activities and programs? [] Yes [] No

Register Me for

[] Clinical Supervision: Strategies that Work, Fee: \$139

To Register

Online: www.uwgb.edu/outreach/profed

By Mail: Send registration form with payment to:

Outreach-CPE
UW-Green Bay
2420 Nicolet Drive
Green Bay, WI 54311-7001

In Person: Register daily in the Outreach Office:
Cofrin Library 206, UW-Green Bay,
7:45 AM - 4:30 PM, Monday through Friday

By Phone: (Credit Card Only): 920.465.2642 or toll free 800.621-2313

By Fax: (24-hour): 920.465.2643

Payment

[] Fee Enclosed

Check No.: _____ Check Amount: \$ _____

[] Credit Card: [] Visa [] Master Card

Card No: _____

Exp. Date: ____/____

Cardholder Name: _____

Signature: _____