

Ethics and Boundaries in your Practice as a Social Worker - August 10, 2004

Name _____

Title _____

Organization _____

Where do you want me to send your confirmation information:

Work Address _____

City _____ State _____ Zip _____

Home Address _____

City _____ State _____ Zip _____

Phone: Work _____ Home: _____

Email address _____

May we use your email address to inform you of upcoming programs? _____yes _____no

Fee included in Brown County contract

To register:

By Mail: Send form to Outreach-CPE, UW-Green Bay, 2420 Nicolet Drive, Green Bay, WI 54311-7001

In Person: Daily in the Outreach Office, Wood Hall 480, UW-Green Bay, 7:45 am to 4:30 pm, Monday through Friday.

By Phone: Credit card payments only 920-465-2642 or 800-892-2118

By fax: (24-hour) 920-465-2552

Online: www.uwgb.edu/outreach/profed .

If you do not receive a confirmation letter, please call 920-465-2642 or 800-892-2118.

The following optional demographic information will be used to enhance our programming efforts:

Gender: _____ Female _____ Male Age: _____ 18-34 _____ 35-49 _____ 50-64 _____ 65+

Heritage: _____ Black _____ Asian or Pacific Islander _____ American Islander or Alaskan Native _____ Hispanic _____ Caucasian