



School of Social Work

University of Missouri

Registration: Annual Fall Conference

Morning Program - Bullying: Among Adults & Older Adults and Factors Associated with Suicidal Behavior
 Afternoon Program - Bullying: Ethics training on Bullying with Older Adults, Children and Adolescents

Friday, September 15, 2017
 Peachtree Catering, Inc., 20 E. Nifond Blvd., Columbia, MO 65203

	Morning Program Only	Afternoon Program Only	All Day
Professional Conference Fee	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$70
SSW Alumni Assoc. Mbr. Fee	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50
Field Instructor Conf. Fee	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge
SSW Faculty / Student Conf. Fee	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge
Contact Hours (3 per program)	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge	<input type="checkbox"/> No Charge
CEUs (0.3 per program)	<input type="checkbox"/> \$10 (in addition)	<input type="checkbox"/> \$10 (in addition)	<input type="checkbox"/> \$10 (in addition)
Box Lunch Option	<input type="checkbox"/> \$10 (in addition)	<input type="checkbox"/> \$10 (in addition)	<input type="checkbox"/> \$10 (in addition)

Name	
Agency	
Address	
Email Address	

To register by email, please respond to Margee P. Stout at ssw@missouri.edu
 To register by mail, print this page and mail to:
 Margee P. Stout, School of Social Work, 729 Clark Hall Columbia, MO 65211.
 To register by fax, please send to: 573-882-8926; Question? Call 573-882-6206

<input type="checkbox"/> To pay by check	Please make check out to "Curators of the University of Missouri" and mail to: Margee Stout, School of Social Work, 729 Clark Hall, Columbia, MO 65211
<input type="checkbox"/> To pay by cash	Please bring exact amount day of event
<input type="checkbox"/> To pay by credit card	Name on Card:
	Card Number:
	Expiration Date:
	Billing Zip Code:

Please note any food allergies/preferences here: _____