Council on Compulsive Gambling of Pennsylvania, Inc.

*Select Conference:*

_____ **Statewide East (March 3 – Philadelphia)** _____ **Statewide West (March 10 – Pittsburgh)**

Name_____

Agency_____

Address_____

City_____ State_____ Zip_____

Email_____

**Conference Fee:** **$60.00**

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Continuing Education: **All attendees will receive National Gambling Credits at no additional charge**

***Additional Fees:*** ***$10 fee*** *for Continuing Education Credit for Social Work*
*(Approved by University of Pittsburgh School of Social Work)*

***$30 fee*** *for Continuing Education Credit for Psychology*
*(Approved by Western Psychiatric Institute and Clinic)*

___ *Yes, I need Continuing Ed. Credits for Social Work (+$10.00)*
___ *Yes, I need Continuing Ed. Credits for Psych (+$30.00)*
___ *Yes, I need Psych AND Social Work C.E. Credits (+$40.00)*
___ *No, I do not need any Continuing Ed Credits (no extra fee)*

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Registration: _____ @ $60 = $_____ + _____ = _____
# Registering Subtotal Cont. Ed. Credits Total Payment

Special Notes/Comments: _____

Method of payment: ___ Check ____ Visa ____ MC ____ Am/Ex ____ Discover

***Credit card orders please complete the information below.***

Card Number _____ CVV/CSC/CID Number_____ Expiration Date_____

Phone Number (Associated to Credit Card for Verification) _____

Email (Associated to Credit Card for Verification and for a receipt to be sent)_____

Signature _____

Make Checks payable to: **CCGP**

Mail with copy of this form to: CCGP
P.O. Box 644
Ambler, PA 19002

**Registration questions? Call 267-968-5053**