



**Council on
Compulsive Gambling
of Pennsylvania, Inc.**

Select Conference:

_____ **Statewide East (March 3 - Philadelphia)**

_____ **Statewide West (March 6 - Pittsburgh)**

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Email _____

Conference Fee: **\$60.00**

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

***\$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)*

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: Taggart Associates
26 E Third Street
Bethlehem, PA 18015