



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

Select Conference:

\_\_\_\_\_ **Statewide East (March 9 - Philadelphia)**

\_\_\_\_\_ **Statewide West (March 16 - Pittsburgh)**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Conference Fee: \$60.00**

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)*

\_\_\_ **Yes, I need Continuing Ed. Credits for Social Work (+\$10.00)**

\_\_\_ **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: CCGP  
12 E. Butler Ave., Ste. 220  
Ambler, PA 19002

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