

[✓] YES! Register me for FHCSWA's Conference

Working Smarter Through Practical Solutions

**at the Hilton Clearwater Beach Resort
July 13-15, 2009**

Name _____ Degree(s) _____ Title _____

Long-term care facility name _____

Other company name _____

Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

My facility is located in _____ County, FHCSWA District # _____

Complete one form per person. Conference registration fee is **\$295 for members** and **\$425 for non-members**. **Additional members from the same "member" facility are \$175 per person** (not applicable to non-members or their facilities). This conference will be approved for **CEs for LCSWs, LMHCs, and LMFTs**. Certificates of attendance will be provided, with contact hours through **National Association of Social Workers, Florida Chapter**.

Hilton Clearwater Beach Resort, 400 Mandalay Avenue, Clearwater, FL 33767; 1-727-461-3222; Fax: 1-727-461-0610. Hotel reservations are separate from your conference fee. Reserve your room by calling 1-800-753-3954 (24-hour toll-free reservation center), or reserve online at www.fhcswa.net/conference.html, before June 10.

PAYMENT OF DUES: See "*Membership Categories & Eligibility*" at www.fhcswa.net.

Annual dues are payable upon applying for membership. Memberships become effective when applications and dues are received and posted to the membership list. **The federal tax identification number for FHCSWA is 59-1229583.**

- Active-Organizational member dues are \$95 per year, per facility. Not intended for vendors.**
- Active-Individual member dues are \$95 per year. Not intended for vendors.**
- Associate member/vendor dues are \$150 per year (statewide).**

Conference Registration Fees	\$ _____
Annual Membership Dues	\$ _____
Total Amount Enclosed	\$ _____

REFUNDS: Notice of registrant's request to cancel registration must be made in writing and received prior to June 12, 2009 (a \$50 administrative fee will be applied). After June 12, 2009, no refunds will be made. There are no refunds for membership dues.

RETURNED CHECKS: There is a \$35 charge for each returned check.

**Mail completed form with checks payable to FHCSWA:
Corecare Associates, 200 Butler St., Suite 305, West Palm Beach, FL 33407**