



Here's to More Tomorrows: Enhancement of Suicide Awareness & Prevention

July 17, 2019

*University Center Cypress Room
Valdosta State University*

Name	
Address	
City	
State	
Zip Code	
Phone	
Email	

Lunch:

- I will need a vegetarian option.
- Dietary restrictions/allergies _____

Certificate: Check one (included in registration fee)

- Licensed Professional Counselor (LPC) Social Worker (SW)
- Marriage and Family Therapist (MFT) POST
- General Continuing Education contact hours

Registration Fees:

- Early Registration Fee (through June 14): \$80
- Regular registration fee (Received after June 14): \$95
- Student Fee: \$50
 Student ID# _____ School _____

Payment Information:

Check# _____ (Payable to **VSU CE**)
 Mail to VSU Continuing Education, 1500 N. Patterson St., Valdosta, GA 31698-0435

Cash Receipt # _____

Internal Funds Transfer **VSU only:** Send request for Internal Funds Transfer to:

Department: _____

Dept. Contact Name: _____

Dept. Contact E-mail: _____

Dept. Contact Phone: _____

Registrant's VSU ID: _____

Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Discover			
Name on Card			
Billing Address (if different from above):			
Card #:		Exp:	VIN: