



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

Select Conference:

_____ **Statewide East (March 7 - Philadelphia Area)** _____ **Statewide West (March 14 - 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 _____

Please 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 215-643-4542