

SCHOOL OF SOCIAL WORK



FALL 2009 CEU WORKSHOP REGISTRATION

Workshop Name

Date of Event

Your Name (print as on certificate)

Agency

Address

City

State

Zip

Phone

Email

Please indicate what type of certificate you need: *CEU* *Attendance* *None*

Social Work or LCPC License Number (Required for CEUs to be conferred)

PAYMENT

- A check made payable to the University of Illinois is enclosed
- Please charge my:
 - Visa* *MasterCard* *AmEx* *Discover*

Card Number

Printed Name

Signature

Expiration Date

Please send registration form and payment to:
School of Social Work
1010 W. Nevada Street
Urbana, IL 61801