

REGISTRATION FORM
CONTINUING EDUCATION UNITS
(THIS FORM MAY BE REPRODUCED)

SECTION I - IDENTIFYING INFORMATION

NAME: _____

TITLE: _____

AGENCY/ORGANIZATION: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER (____) _____ SOCIAL SECURITY #: _____

E-MAIL ADDRESS: _____

Address to mail certificate if different from above: _____

SECTION II - CEU'S

Continuing Education Units for Clock Hours have been applied for the 110th Annual Forum of the Ohio Welfare Conference, Inc., Worthington, Ohio. Clock Hours will be granted for attendance at the Forum. **IF YOU WISH CEU'S FOR YOUR ATTENDANCE AT THE FORUM, YOU MUST COMPLETE THIS APPLICATION FORM.**

The Continuing Education Units for this forum have been applied for by the Ohio Welfare Conference, Inc., of Columbus, Ohio from:

The State of Ohio Counselors and Social Workers Board
Ohio Chemical Dependency Counselors Credentialing Board, Inc.

Please indicate which accreditation you wish to obtain:

Counselors

Social Workers

Chemical Dependency Counselors

MAIL TO: Brenda Newsom
Ohio Welfare Conference
PO Box 14738
Columbus, Ohio 43214

DO NOT CALL OWC OFFICE: Telephone Inquiries may be made to Brenda Newsom (614) 752-4540 or Bonnie Gibson (330) 643-7344.

SECTION III - FOR OFFICE USE ONLY:

Date received: _____ Amount Received: _____ Date: _____ A P M