

SOCIAL WORK CONTINUING EDUCATION

3 EASY WAYS TO REGISTER

Please do not email your registration information as email is not a secure registration method.

SIGN UP NOW!
Seating is limited
for all classes.



Satisfaction guaranteed!

Ryan Hasselbach is your CE customer service specialist.

517-353-3060



Online Visit socialwork.msu.edu/ce and follow instructions for online registration.



Fax Complete this two-page form, including your credit card payment information, and fax to **517-353-2599**.



Mail Return this two-page form with payment to:
MSU–Social Work Continuing Education
Baker Hall
655 Auditorium Road, Room 2
East Lansing, MI 48824

MAIL/FAX REGISTRATION CHECKLIST:

- Fill in name, address, email, and accommodations request below.
- If eligible, select discount criteria on below.
- Select classes on page course pricing grid.
- Write total payment amount at the bottom of the page.
- Check payment type below and include payment.
- Submit this two-page form by mail or fax listed above.

Confirmations, including directions will be sent via email only, one week prior to the event for which you have registered.

PLEASE PRINT CLEARLY

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Social work license number and type: _____ State: _____



Accommodations: _____

Please check if your information has changed since your last registration with us!

Am I eligible for a discount?

If you meet one of the following categories, please check a box below.

Mail or fax this form with payment BEFORE the early registration discount date listed and attend at the reduced rate.

- A – MSU alumni, MSU faculty, and groups of four+
- B – Retirees
- C – Students
- D – MSU School of Social Work faculty, field instructors, and field liaisons for 2022-2023 academic year

PAYMENT INFORMATION • PLEASE COMPLETE

Checks and money orders payable to: **MSU–Social Work Continuing Education
Baker Hall
655 Auditorium Road, Room 2
East Lansing, MI 48824**

or supply your credit card information below:

  

Card #: _____ - _____ - _____ - _____

Security code #: _____ Expiration date: ____/____/____ Billing address zip code: _____

Cardholder name: _____

Cardholder signature: _____

Total Registration Cost: \$ _____