

**SSTAR 2020 Fall Clinical Case Conference
Via Zoom Webinar**

Friday, October 16, 2020

Central Daylight Time Zone

(Please print or type all Sections A-D)

(A) Name: _____

Email: _____ **Phone:** _____

Degree _____

License Name/Number: _____

Address: _____ **Country:** _____

City: _____ **State/Province:** _____ **Zip:** _____

(B) Fall Conference Fees

Early Bird Registration fees August 3 to August 31, 2020:

___ \$175 Associate & Full Members

___ \$100 Student & ECP Members

___ \$275 Non Members

Late Rate fees – September 1 to October 13, 2020:

___ \$200 Associate & Full Members

___ \$125 Student & ECP Members

___ \$300 Non Members

(C) Type of Continuing Education Credits Desired:

CE Fees (\$30 USD per type, please select)

AASECT

APA

NYSED

NASW

(D) Payment Information (USD Only)

Check (made payable to SSTAR) Check # _____

Credit Card Number: _____

Billing Address of Credit Card: _____

Exp. Date: ___/___/___ **Security Code:** _____

Amount to Charge: \$ _____ **Total fee includes registration and optional CE fees**



Cancellation policy:

All requests for cancellation refunds must be submitted in writing prior to **September 16, 2020**. A \$25 (U.S.) administrative fee will be charged. After this date, no refunds will be granted.

SSTAR Office Contact info for Payment Registration or Cancellation:

Email: info@sstarnet.org

Mail: 8120 Lehigh Avenue, Suite 100, Morton Grove, IL 60053

Phone: 847-647-8832