

CONFERENCE REGISTRATION FORM

Register on-line at www.goldreg.com/sswr2007 or mail to SSWR c/o Travelink, Inc., 30 Garfield St., Suite C, Asheville, NC 28803
Tel. 828-252-8484, Ext. 2784 Fax 828-252-8589 Please type or print legibly.

_____ name

_____ name of university or organization

_____ mailing address - check here if home address

city _____ state or province _____ postal code _____ country _____

email _____ daytime phone _____ fax _____

Special Needs Please indicate _____

Interest Group Name the group you would like to attend: _____

Paper Presenters - SSWR's Standard Audio Visual Package includes a Screen and LCD/PowerPoint. For other AV requests contact Patty Couch at **Travelink**. Please request only what you need. Any additional equipment will be at your own expense. PRESENTERS MUST FURNISH THEIR OWN LAPTOP COMPUTER.

Please check all of the following that you plan to attend. Please note that some activities require an additional fee:

- | | |
|---|---|
| <input type="checkbox"/> IASWR Pre-Conference Institute
<input type="checkbox"/> Breakfast sponsored by the John A. Hartford Foundation
<input type="checkbox"/> President's Reception
<input type="checkbox"/> SSWR Membership Breakfast
<input type="checkbox"/> Saturday "Special Session" Reception with Dr. David B. Abrams
<input type="checkbox"/> Continuing Education Units (\$10.00)
<input type="checkbox"/> GADE Best Practices in Doctoral Education (no charge) | <input type="checkbox"/> Full-Day Constructing Grounded Theory Workshop (\$150)
<input type="checkbox"/> Full-Day Systematic Review Methods Workshop (\$150)
<input type="checkbox"/> Half-Day Randomized Clinical Trial Research Workshop (\$100)
<input type="checkbox"/> Half-Day Propensity Score Matching Workshop (\$100)
<input type="checkbox"/> Half-Day Constructing Grounded Theory Workshop (\$100)
<input type="checkbox"/> Guest to the President's Reception (\$40.00)
<input type="checkbox"/> Guest for Saturday Night Reception (\$40.00) |
|---|---|
- _____ Name of Guest

Conference Registration Rates (Circle the price you are paying)

	Early Registration (Before 12/1)	Late Registration (Before 1/2)	On-Site Registration
SSWR Member	\$250	\$275	\$300
Non-Member	\$360	\$385	\$400
Student Member	\$125	\$150	\$175
Student Non-Member	\$185	\$210	\$225
CE Certificate	\$10	\$10	\$10
Guest for Reception(s)	\$40	\$40	\$40
Full-day Workshop	\$150	\$150	\$150
Half-day Workshop	\$100	\$100	\$100



Pre-Conference Registration will close on January 2. Registrations received after that date will be processed on site.

Refunds/Cancellations: A refund of 50% of the registration fee will be given by SSWR in the event of cancellation.

Notification must be received by **January 5, 2007**. Refunds after this date are not possible.

Method of Payment: Please print legibly.

Check (made payable to **TRAVELINK, INC.**) MasterCard Visa American Express \$ _____ Total amount paid

Card # _____ - _____ - _____ - _____ Expires _____ / _____

Name on Card _____ Signature _____

Purchase Order # _____

Your Credit Card Statement will show a charge from Travelink, Inc./Registration and Travel Services, Nashville, TN (615) 367-4900.