

PRESENTER REGISTRATION



REGISTRATION FORM (PLEASE PRINT CLEARLY)

NAME (as it should appear on name badge) _____ MEMBER # _____

JOB TITLE - (REQUIRED PLEASE) _____

ORGANIZATION/SCHOOL DISTRICT _____

ATTENDEE EMAIL (REQUIRED FOR CONFIRMATION) _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE () _____

- Is this your first time attending: ☐ Yes ☐ No
- Will you be attending the Awards Brunch: ☐ Yes ☐ No
- I am a (Please Check One): ☐ Professional Member ☐ Student Member ☐ Retiree Member ☐ Non-Member
- Role: ☐ Elementary School Counselor ☐ Middle School Counselor ☐ High School Counselor ☐ Post-Secondary School Counselor Educator
☐ Grad Student ☐ Other _____
- How long have you currently worked as a Certified Professional School Counselor? ☐ N/A ☐ First Year ☐ 1-3 years ☐ 4-8 years ☐ 9-15 years ☐ 15+ years

GRAD STUDENTS AND RETIREES SHOULD USE THE STANDARD REGISTRATION FORM FOR SPECIAL RATES.

| A. Main Conference Attend both days (Sept. 11-12) <input type="checkbox"/> Early Register (by July 31, 2025)* <input type="checkbox"/> Regular Registration (August 1, 2025 - Sept. 7, 2025) <input type="checkbox"/> Final Registration (after September 7, 2025) | <table border="1"> <tr> <th>Presenter</th> </tr> <tr> <td>\$150</td> </tr> <tr> <td>\$165</td> </tr> <tr> <td>\$190</td> </tr> </table> | Presenter | \$150 | \$165 | \$190 | C. BECOME A KSCA MEMBER OR RENEW MEMBERSHIP! \$40 FOR PROFESSIONALS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------|
| Presenter | | | | | | |
| \$150 | | | | | | |
| \$165 | | | | | | |
| \$190 | | | | | | |
| B. Pre-Conference Learning Session (Sept. 10) Please choose one. <input type="checkbox"/> 1. Navigating the Future: Exploring AI – Sabella <input type="checkbox"/> 2. One Conversation: It Can Change Your Life – Williams <input type="checkbox"/> 3. SB 1 and Beyond – Piper & Advocacy Committee <input type="checkbox"/> 4. Engaging All Stakeholders To Build Student Success – Fields | <table border="1"> <tr> <th>Professional/Affiliate</th> </tr> <tr> <td>\$50</td> </tr> </table> | Professional/Affiliate | \$50 | Main Conference (A) \$ _____ Pre-Conference (B) \$ _____ Add Membership (C) \$ _____ Total Due (A + B + C) \$ _____ | | |
| Professional/Affiliate | | | | | | |
| \$50 | | | | | | |

* To qualify for the Early Registration Rate, your registration form AND payment (copy of your purchase order, check, or credit card) must be received or postmarked by the Early Registration cutoff date.

REGISTRATIONS CANNOT BE PROCESSED WITHOUT PAYMENT. PLEASE SEND PAYMENT AND REGISTRATION FORM(S) TOGETHER.

How and Where Do I Pay?

| | WEBSITE | EMAIL | FAX | PHONE | MAIL |
|----------------|---------|-------|-----|-------|------|
| CREDIT CARD | ✓ | ✓ | ✓ | ✓ | ✓ |
| PURCHASE ORDER | | ✓ | ✓ | | ✓ |
| CHECK | | | | | ✓ |

WEBSITE: www.ncyionline.org/ky-sca-presenters
EMAIL: registrations@ncyi.org
FAX: 423-899-4547
PHONE: 866-318-6294
MAIL: National Center for Youth Issues
 P.O. Box 22185
 Chattanooga, TN 37422-2185

Please make your check or purchase order payable to: **National Center for Youth Issues.**
 A W-9 is available on the website.

PLEASE NOTE: The attendee will receive a confirmation to the email address provided when their registration is processed (make sure to check Junk/Spam folders). Please allow ample time for processing.

PAYMENT METHOD

- ☐ **PURCHASE ORDER** A COPY OF THE PURCHASE ORDER IS REQUIRED.
 (PAYABLE TO NATIONAL CENTER FOR YOUTH ISSUES, P.O. BOX 22185, CHATTANOOGA, TN 37422-2185)
- ☐ **CHECK ENCLOSED** (MADE PAYABLE TO NATIONAL CENTER FOR YOUTH ISSUES)
- ☐ **CREDIT CARD** ☐ PERSONAL ☐ CORPORATE

CARD NO. _____ EXP. DATE _____ CID# _____

NAME ON CARD (PLEASE PRINT) _____

CREDIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

AUTHORIZED SIGNATURE _____ EMAIL _____

CANCELLATION POLICY: If we are forced to cancel the KSCA Conference because of a "force majeure" event, such as a government restriction on large gatherings that cover the intended size of the conference, then we will issue full refunds of the registrations. Otherwise, our normal cancellation policy will be upheld: There will be no refunds after August 10, 2025. All cancellations before August 10, 2025 will be refunded less a \$25 handling fee. The conference is not responsible for and cannot give refunds due to problems beyond its control such as weather or school closings. The sponsors of the conference receive registrant contact information.

On social distancing and other health and safety measures, the regulations/guidelines that apply to hotels and conference centers may change. The KSCA Conference will conform to all necessary regulations/guidelines that are in place as of the date of the conference.