

North Carolina Counseling Association 2017 Annual Conference

“Counselors Unite: Joining Together During Challenging Times”

February 22-24, 2017 ~ Durham Convention Center ~ Durham, NC

PRE-CONFERENCE TRAINING February 22, 2017 (Not included in full conference fee) <i>(Lunch on your own)</i>		
Please check one per time block:		
9:00 a.m. – 12:00 p.m.		
<input type="checkbox"/> School-Family-Community Partnerships for Marginalized Populations		
<input type="checkbox"/> *Adolescent Mental Health First Aid Training – Part 1*		
<input type="checkbox"/> Serving The Most Deserving: Q&A forum on Counseling Members of the Military and Government: Breaking Down the Barriers to Mental Health		
1:00 p.m. – 4:00 p.m.		
<input type="checkbox"/> Integration of Animal Assisted Therapy in Clinical Counseling		
<input type="checkbox"/> *Adolescent Mental Health First Aid Training– Part 2*		
<input type="checkbox"/> Narrative Approaches to Addiction Counseling		
*(Must attend Part 1 <u>and</u> Part 2 for certification)		
PRE-CONFERENCE RATE	ON OR BEFORE 01/27/17	AFTER 01/27/17
NCCA Member	<input type="checkbox"/> 90	<input type="checkbox"/> \$125
Non-Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$155
Student or Emeritus (NCCA member)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$85
Student or Emeritus (Non-NCCA member)	<input type="checkbox"/> \$65	<input type="checkbox"/> \$100

FULL CONFERENCE RATE Two Day Registration February 23 & 24, 2017 <i>(Lunch is included both days)</i>		
	ON OR BEFORE 01/27/17	AFTER 01/27/17
NCCA Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$225
Non-Member ♦	<input type="checkbox"/> \$220	<input type="checkbox"/> \$290
Student or Emeritus (NCCA member)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$160
Student or Emeritus (Non-NCCA member)	<input type="checkbox"/> \$110	<input type="checkbox"/> \$180
♦ Conference Non-Member Membership Bundle <input type="checkbox"/> \$210 / <input type="checkbox"/> \$280 <i>(Conference and Membership included)</i>		

ONE DAY CONFERENCE RATE <i>(Lunch is included)</i>		
Please check one: <input type="checkbox"/> Thursday, Feb.23 OR <input type="checkbox"/> Friday, Feb. 24	ON OR BEFORE 01/27/17	AFTER 01/27/17
NCCA Member	<input type="checkbox"/> \$110	<input type="checkbox"/> \$155
Non-Member	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225
Student or Emeritus (NCCA member)	<input type="checkbox"/> \$70	<input type="checkbox"/> \$115
Student or Emeritus (Non-NCCA member)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$135

- Special dietary needs; Thursday's lunch:** _____
- Special dietary needs; Friday's lunch:** _____

--- ACCOMODATIONS ---

21c Museum Hotel (919) 956-6700
111 North Corcoran Street
Durham, NC 27701 www.21cmuseumhotels.com/durham/

NCCA Rate: \$159.00
NCCA Group Code: NCC21C
Hotel Block reserved until 02/01/17

Questions? Please call the NCCA Office at 919-256-2521

NCCA is an NBCC Approved Continuing Education Provider (ACEP); there is no additional charge for continuing education credits. The conference registration fee covers continuing education credits, which are documented by attendees. A registration name badge is required for entry into all functions. In the event a participant needs to cancel, written notice is required. All refunds will be charged a \$50 processing fee. No refund will be honored after January 27, 2017. Substitutions will be accepted in most cases. Written notification of a substitution is required. Payment in full must be included with this form.

-- REGISTRATION CONTACT INFORMATION --

Please print:

Name: _____

- Attendee Presenter Vendor/Exhibitor Other

Position: Counselor/Practitioner
 Counselor Educator
 Student
 Other: _____

Setting: Private Practice
 Agency or Non-profit
 K-12 Schools
 College/University
 Government Agency/Military
 Other: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

-- PAYMENT OPTIONS --

Payment Amount: \$ _____

- My check is enclosed (Made payable to NCCA)

Check no.: _____

- VISA MASTERCARD

Account #: _____

Expiration Date: _____ Security Code: _____

Name (as it appears on the card)

Billing Address (if different than above)

City State Zip

Signature Authorizing Payment

Mail registration form to: NCCA
PO Box 20875
Raleigh, NC 27619

Credit Card Registrations may be faxed to 919-782-9470

You may also register on our web site:
www.nccounselingassociation.org