 REGISTRATION FORM

***2022 Conference***

LCA 2023 Annual Conference

September 23: Pre Conference Workshops (virtual only) October 8-10, 2022 Conference (Hybrid)

353 Leo Shreveport, LA 71105 Fax: 318 868 3580 lca\_austin@bellsouth.net

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first) (middle initial) (last)

Nick Name for Badge: (if applicable; otherwise the first name will be used.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to the America with Disabilities Act, do you require assistance? (This request must be received prior to September 8. After this date LCA may not be able to provide the needed accommodations? Please indicate the accommodations being requested. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are a student, please indicate your university. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Division: Please circle your primary division (**only one, please**) LACES LCDA LASERVIC LCCA LAMCD LMHCA LSCA LAMFC LAAOC LCSJ ALGBTIC LACGS PLCA ACAC-L LMGCA

**Refund Policy**: Cancellation requests MUST be made in writing by email or US post. Requests received by September 17 will incur an administrative charge of $50.00 ; those received after September 23 but prior to September 25will incur an administrative charge of $75.00 subtracted from the registration fees received. **NO REFUNDS AFTER September 25 except for emergencies.**

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| --- | --- | --- |
| Conference Rates (Full conference) | 8/15/2022 | 9/14/2022 |
| LCA Professional/Reg. | $ 290.00 | $310.00 |
| One Day | $140.00 | $170.00 |
| Two Days | $270.00 | $300.00 |
| LCA Student Member | $100.00 | $100.00 |
| One Day | $60.00 | $60.00 |
| Two Days | $80.00 | $80.00 |
| LCA PLPC Member | $100.00 | $100.00 |
| One Day | $60.00 | $60.00 |
| Two Days | $80.00 | $80.00 |
| LCA Retired Member | $100.00 | $100.00 |
| One Day | $60.00 | $60.00 |
| Two Days | $80.00 | $80.00 |
| Non-Member | $450.00 | $450.00 |
| One Day | $265.00 | $265.00 |
| Two Days | $350.00 | $350.00 |

(On-site registration must be done online) Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Conference Workshops**

1. **­­\_\_\_\_\_\_\_Dyadic Couple Therapy: Ethical Considerations and Intervention Strategies".3.0 Diagnosis Clock hours; 3.0 Ethics hours) With Dr. Brain Canfield $75.00 (member) $15000 (non-member**
2. **\_\_\_\_\_\_\_ CPR/First Aid Training**   **(3.0 CE clock hours ) With Vikki Wilborn $50.00 (member) $100 (non-member)**
3. **\_\_\_\_\_\_\_ DSM-TR-5: Overview of the Changes with Dr. Gary Gintner $50.00 (Member) $100.00 (non-member)**
4. **\_\_\_\_\_\_\_ Animal Assisted Therapy Core Competencies Course Bundle $200.00 Registration on the Telehealth Institute website--** [**https://www.telementalhealthtraining.com/aat-courses-for-lca**](https://www.telementalhealthtraining.com/aat-courses-for-lca)
5. **\_\_\_\_\_\_\_National Board of Forensic Evaluation Training (available for counselors who are registered with the NBFE for certification. REGISTRATION MUST BE COMPLETED ON THE NBFE WEBSITE**  **https://www.nbfe.net/Events**

**Division Luncheons $35.00 each Please circle the luncheon you plan attend.**

1. **LMHCA**
2. **LSCA**
3. **LASERVIC**
4. **LCCA:**

**Payment Method (Full payment must be enclosed or registration will not be processed)**

**\_\_\_\_\_Check or money order payable to Louisiana Counseling Associations (LCA)**

**\_\_\_\_\_Purchase Order (purchase order form must be included) guidelines for using a Purchase Order may be found on the webpage** [**http://www.lacounseling.org/lca/Registration.asp**](http://www.lacounseling.org/lca/Registration.asp) **The PO payment should be received by 9/25.**

**\_\_\_\_\_VISA \_\_\_\_ Master Card \_\_\_\_\_Discoverer \_\_\_\_American Express**

**Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code Associated with bill \_\_\_\_**

**Cardholder’s Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Louisiana Counseling Association has been approved by NBCC as an Approved Continuing Education Provider, ACEP #2019. Programs that do not qualify for NBCC credit are clearly identified. LCA is solely responsible for all aspects of the program.

