

2009 KENTUCKY COUNSELING ASSOCIATION MEMBERSHIP, PROFESSIONAL DEVELOPMENT PRECONFERENCE WORKSHOPS AND CONFERENCE

REGISTRATION FORM

1. MEMBERSHIP AND/OR REGISTRATION INFORMATION

The information below will be used for your membership record, workshop registration, conference registration and maintaining a mailing list for KCA publications as well as certification of leadership training.

Ms. ___ Mr. ___ Dr. ___ Last Name _____ First Name _____ Initial _____

FIRST OR NICKNAME (Name Badge) _____

HOME MAILING ADDRESS: Street _____

City _____ State _____ Zip _____ County _____

Home Phone (____) _____ Office Phone (____) _____

FAX(____) _____ E-Mail _____

Social Security Number _____ Employer _____

Work Setting _____ Position _____

Are you a National Certified Counselor (NCC)? Yes ___ No ___

Are you a KY Licensed Professional Clinical Counselor (LPCC)? Yes ___ No ___

Are you a KY Licensed Professional Clinical Associate (LPCA)? Yes ___ No ___

Education: (Please check the highest level earned.) Year completed _____
 Associate ___ Bachelors ___ Masters ___ Standard Guidance/Rank I, or Two Year Masters ___ Doctorate ___ Other _____

2. APPLY FOR OR RENEW KCA MEMBERSHIP

To join or renew, check the membership category for which you are applying:

- _____ I am applying for a PROFESSIONAL Membership--Check one: ___ New ___ Renewed ___ Reinstated \$40.00
 (Masters or Doctorate in Counseling or interested in the goals and mission of KCA.)
- _____ I am applying for STUDENT Membership--Check one: ___ New ___ Renewed ___ Reinstated \$20.00
 (enrolled full-time at college/university level or a student with less than a masters in counseling)
- _____ I am applying for membership as a RETIRED member. \$20.00

SUBTOTAL 2:\$ _____

(ANNUAL MEMBERSHIP DUES INCLUDE \$8.00 FOR A ONE YEAR SUBSCRIPTION TO KCA NEWS.)

I AGREE TO ABIDE BY THE CODE OF ETHICS. SIGNATURE _____

Student membership requires certification by major instructor.

Signature of Professor: _____ **Institution Attending:** _____

3. KCA ANNUAL CONFERENCE October 21-23, 2009

TO BE PRE-REGISTERED, YOU MUST COMPLETE AND RETURN BOTH SIDES OF THIS FORM BY OCTOBER 10, 2009

To register for conference, check the category for which you are applying:

- _____ KCA Member \$100.00
- _____ Student Member \$25.00
- _____ Retired Member \$25.00
- _____ Nonmember of KCA \$150.00

SUBTOTAL 3: \$ _____

On-Site Registration Fees.....\$ 125.00 member and \$175.00 non-member

(OVER)

4. 2008 PROFESSIONAL DEVELOPMENT WORKSHOP INFORMATION, OCTOBER 20-21.

The **twelve-hour** workshop will be conducted Tuesday through Wednesday, October 20-21. AM and PM Six-hour and three-hour workshops will be conducted on Wednesday, October 21. **ATTENDANCE FOR THE COMPLETE WORKSHOP IS REQUIRED TO RECEIVE EILT, CEU, LPCC OR NCC CREDIT.**

Please number the workshops below in the order of your preference. (If my first choice is not available, please refund the workshop portion of my check. _____)

**PROFESSIONAL DEVELOPMENT WORKSHOPS
PRE-CONFERENCE**

Time: 9:00 a.m. - 4:00 p.m. each day

	Hours Credit	KCA Members Fee		Non-Members Fee	
		Early	On-Site	Early	On-Site
___ Self-Mutilation, Suicide and Self-Destruction	12	\$220.00	\$240.00	\$270.00	\$290.00
___ Lighting a Path through Adversity	6	\$110.00	\$130.00	\$160.00	\$180.00
___ Impact Counseling	6	\$110.00	\$130.00	\$160.00	\$180.00
___ Training in Solution Focused Brief Counseling	6	\$110.00	\$130.00	\$160.00	\$180.00
___ Real Problems, Real Strategies, Real Relationships	6	\$110.00	\$130.00	\$160.00	\$180.00

Time: 9:00 a.m. - 12 p.m.

___ Advanced Ethics	3	\$60.00	\$80.00	\$110.00	\$130.00
___ Brave New World: Digital Citizenship	3	\$68.00*	\$88.00*	\$118.00*	\$138.00*

**Additional costs included for materials.*

Time: 1:00 - 4 p.m.

___ True Colors: Understanding Yourself and Others	3	\$60.00	\$80.00	\$110.00	\$130.00
___ Supervision Strategies: Systematic Recall Supervision	3	\$60.00	\$80.00	\$110.00	\$130.00

SUBTOTAL 4: \$ _____

IF YOU PLAN TO REGISTER ON-SITE FOR A PROFESSIONAL DEVELOPMENT WORKSHOP, CALL HELEN BENNINGFIELD (270-384-8400) TO BE SURE THERE IS ROOM IN THE WORKSHOP OF YOUR CHOICE.

NOTE: Individuals who are NOT members of KCA may join the association and then attend the conference or workshop for the members' fee. KCA Membership Application is on the reverse side.

5. PAYMENT

PLEASE RETURN WITH PAYMENT BY OCTOBER 10, 2009. NOTE: DO NOT mail after October 10, 2009. All registrations after this date must be done on-site with On-Site fees required.

Please check method of payment: Check Officially Signed Purchase Order Credit Card

() VISA or () MC Card Number _____ Expiration Date _____

Cardholder's Name (Print only) _____

Signature _____ Date _____

TOTAL PAYMENT ENCLOSED (SUM of SUBTOTALS 2+3+4) \$ _____

Make Check Payable to KCA & Mail check and inquiries to:

CANCELLATION POLICY

**Ms. Helen Benningfield
210 Meadowbrooke Drive
Russell Springs, KY 42642
270-384-8400**

Cancellations of Conference and/or Pre-conference workshop registration must be made in writing. Cancellations received by **October 10** will be entitled to a full refund less a \$5.00 processing fee. **After October 10**, a \$10.00 processing fee will be assessed for **conference** registration. **NO refund** requests postmarked after **October 10** for **pre-conference** workshop will be honored. Refunds will **NOT** be made until 30 days after the conference.

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