



NOSSCR CONFERENCE REGISTRATION FORM
FOR GEORGIA ICLE PARTICIPANTS

To view the NOSSCR conference program, visit
nossocr.org/conference-program

Please complete the credit card registration form below. Please type or print clearly. Each registrant must complete their own registration form.

Name: _____
NOSSCR Member ID _____
Address: _____
City, State & Zip: _____
Telephone: _____ Email: _____
Name on credit card: _____
Credit card number: _____
Security Code: (3 or 4) digits: _____ Exp. Date: _____

I authorize NOSSCR to charge: \$ _____ to the credit card account number indicated above.

Signature: _____

Special Advance Registration Prices for Georgia ICLE Participants

NOSSCR SUSTAINING MEMBER:	\$575.00
NOSSCR REGULAR MEMBER:	\$700.00
NON-NOSSCR MEMBER:	\$800.00



ATTORNEYS: CONTINUING LEGAL EDUCATION

At the conference, you will receive a registration packet containing CLE information for the states you identify. Please make sure you carefully read and follow the directions on your memo!

STATE: _____

Bar Number: _____

STATE: _____

Bar Number: _____

STATE: _____

Bar Number: _____

ATTENDEES WHO ARE NOT ATTORNEYS: CONTINUING EDUCATION

According to Social Security's policy, attendance at NOSSCR conferences will satisfy part of the continuing education requirements for 2018. At the conference, you will receive a Certificate of Attendance in your registration packet. You must follow SSA's directions for submitting proof of attendance.



If you have a physical impairment and require assistance at the seminar, please let us know so that we can contact you and discuss your needs.
_____ YES, please contact me.

Send to:
NOSSCR, Attention: Cathy Thompson, Conference Coordinator
nosscr@nosscr.org OR Fax to 201-567-1542