

2017 ISCA Annual Conferences

Information

CONFERENCE AT A GLANCE

- 7:30 Registration / Coffee**
8:00 Welcome: ISCA President Barbara Karpouzian and Conference Chairperson Vince Walsh-Rock
8:15 Session 1
8:45 Table Presentations (3, ten minute rotations)
9:15 Exhibits
9:30 Session 2
10:20 Exhibits
10:30 Session 3
11:30 Lunch/Awards
12:30 Exhibits
12:45 Session 4
1:35 Exhibits
1:45 Session 5
2:35 Exhibits
2:45 Session 6
3:35 PD/CE Certificate Distribution

Continuing Education Hours:

This program is recognized as providing 6 PDs by ISBE provider # 16019027P000000 and 6 CE Hours through co-sponsorship with IMHCA for: LPC/LCPC and LSW/ LCSW and LMFT and Psychologists (IDFPR licenses)

Refund policy: Registrations, cancelled before seven days prior to the conference, can be refunded minus a \$20 administrative fee. No refunds can be made seven days prior to the conference. Conferences may be cancelled due to circumstances beyond our control. ISCA is not responsible for any loss or damage as a result of presenter substitution, alteration, or cancellation of an event. ISCA shall assume no liability whatsoever in the event that a conference is cancelled, rescheduled or postponed due to fortuitous event, Act of God, unforeseen occurrences or any other event that renders performance of this conference impracticable, illegal or impossible. For purposes of this clause, a fortuitous event shall include, but not be limited to: war, fire, labor strike, extreme weather or other emergency. ISCA will make every effort to offer a substitution event in the case ISCA cancels because of a fortuitous event or Act of God.

Confirmation / Directions: Upon receipt of the registration form, we will email confirmation letters with location and address information. Maps are also available on our website:

Questions and Registration:

Mail: ISCA, P.O. Box 144, DeKalb, IL 60115

Dan Stasi - ISCA Executive Director

Phone: (815) 787-0515

Fax: (815) 787-0505

Email: myisca@gmail.com

Online registration: www.ilschoolcounselor.org

Presenter Registration Form

Name _____

Address _____

City _____

State _____

Zip _____

Email (please print clearly) _____

Phone _____

IEIN Number (This is NOT your PEL Number) _____

Lunch is included: Please contact us with special meal requests. (vegetarian/gluten free, etc.) CPS Vendor # 65791

Payment Options:

- Check enclosed payable to ISCA
- Credit Card (Master Card, VISA, American Express, Express, Discover)
- Purchase Orders ISCA FEIN# 27-0086648

Credit Card Number: _____

Expiration date: _____

CVV Code: _____

(*MC/Visa/Discover: Last 3-digit # on signature panel on back of card.)
(*American Express: 4-digit # above account # on face of card.)

ISCA Annual Conference Registration

- \$50.00 - Presenter
- \$145.00 - Presenter with 1 year membership

Location:

- Doubletree Bloomington - April 7, 2017
- Stephens Convention Center-Rosemont - April 21, 2017
- BOTH Bloomington and Rosemont