

## **RGANM Problem Gambling Conference – Group Registration Worksheet**

You may register 2 individuals or more under one group registration. **Collect ALL of the data below** in advance of starting the registration, or the process cannot be finalized, and you will have to start over. If you are paying by credit card, you will enter each person's complete information in our online registration portal. If you are paying by purchase order, you will send this completed

information to our registration coordinator who will enter it. Note that the payment for purchase orders must be received by July 21<sup>st</sup> or those individuals' registrations will be cancelled. Payments should be sent to RGANM, PO Box 65247, Albuquerque, NM 87193. Questions or completed worksheets should be directed to our registration coordinator at (505) 771-5640 or email her at: conference@rganm.org.

Organization's Name						
Organization's Registration Coordinator:  Phone Number and Email Address:						
The Organizer should	be listed first; this	person will receive	all tickets fo	or your group and	be the point of contact.	
First Name	Last Name	Email ( <u>must k</u>	be unique; (	duplicate email ad	dresses cannot be entered)	
Mailing address (PO B	Sox or Street Addres	s/Suite, City, State, Z	Zip)			
Phone number with a	rea code					
(Yes	,					
Are CEU credits need	ed? If yes, wha	t are your credential	ls <u>and</u> licens	e number? (LPCC	C, LMHC, LISW, LMSW, etc)	
(E						
First Name	Look Name					
First Name	Last Name	Email ( <u>must r</u>	<u>be unique</u> ; (	auplicate email ad	dresses cannot be entered)	
Mailing address (DO D	Day or Street Addres	sc/Swite City State 3	7in\		<del></del>	
Mailing address (PO B	oox or street Addres	s/Suite, City, State, 2	<b>Ζ</b> Ι <b>Ρ</b> )			
Phone number with a	rea code	<del></del>				
(Yes		t are your credential	ls <u>and</u> licens	se number? (LPCC	C, LMHC, LISW, LMSW, etc)	
Continue attendees of	n following pages, if	f <u>needed.</u> RGANM U	SE ONLY:			
Date Received:	F	PO #:		Payment Receivea	d:	

First Name Last Name		Email (must be unique; duplicate email addresses cannot be entered		
Mailing address (	PO Box or Street Addres	s/Suite, City, State, Zip)		
Phone number w	ith area code			
	(Yes or No)			
Are CEU credits n		t are your credentials <u>and</u> license number? (LPCC, LMHC, LISW, LMSW, etc)		
First Name	 Last Name	Email ( <u>must be unique</u> ; duplicate email addresses cannot be entered)		
Mailing address (	PO Box or Street Addres	s/Suite, City, State, Zip)		
Phone number w	ith area code	<del></del>		
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Are CEU credits n	eeded? If yes, what	t are your credentials <u>and</u> license number? (LPCC, LMHC, LISW, LMSW, etc)		
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First Name	Last Name	Email ( <u>must be unique</u> ; duplicate email addresses cannot be entered)		
Mailing address (	PO Box or Street Addres	s/Suite, City, State, Zip)		
Phone number w	ith area code			
	(Yes or No)			
Are CEU credits n	eeded? If yes, what	t are your credentials <u>and</u> license number? (LPCC, LMHC, LISW, LMSW, etc)		

First Name	Last Name	Email (must be unique; duplicate email addresses cannot be entered)
Mailing address (I	PO Box or Street Addres	s/Suite, City, State, Zip)
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First Name	Last Name	Email (must be unique; duplicate email addresses cannot be entered)
Mailing address (I	PO Box or Street Addres	s/Suite, City, State, Zip)
Phone number w	ith area code	<del></del>
	(Yes or No)	
Are CEU credits n	eeded? If yes, wha	t are your credentials <u>and</u> license number? (LPCC, LMHC, LISW, LMSW, etc)
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First Name	Last Name	Email (must be unique; duplicate email addresses cannot be entered)
Mailing address (I	PO Box or Street Addres	s/Suite, City, State, Zip)
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First Name	 Last Name	
Mailing address (I	PO Box or Street Addres	s/Suite, City, State, Zip)
Phone number w	ith area code	
	(Yes or No)	
Are CEU credits n	eeded? If yes, what	t are your credentials <u>and</u> license number? (LPCC, LMHC, LISW, LMSW, etc)

There are places for up to 10 individuals. If you have 11 or more to register, duplicate a page to add all of your attendees. Send these completed sheets to the RGANM Coordinator if you are paying via purchase order.