

ACA 2010 Conference -- March 20-22, 2010 -- CE Report Form

Instructions: Credit can be earned for attending the activities on this form. Do not claim credit for an activity that you presented.

- (1) Record the number of credit hours earned in the "Attended" column next to the appropriate time period and indicate the program number. *You must attend a complete session in order to receive credit* (except Poster Sessions). DO NOT record programs with overlapping times.
- (2) Enter a total for each day and a Grand Total.
- (3) Sign the form. Unsigned forms will not be processed.
- (4) **Make a copy of this form for your records.**
- (5) Submit to: American Counseling Association
Attn: Accounting Department
5999 Stevenson Avenue
Alexandria, VA 22304
- (6) Enclose a payment of \$15.00 payable to ACA.
- (7) **This form must be received no later than December 31, 2010 in order to receive a CE certificate. Forms received after deadline will NOT be processed.**
- (8) Please note there is a \$10.00 charge for duplicate certificates.

Name:	_____
Address:	_____
City, State, Zip:	_____
Email Address:	_____
Daytime Ph.:	_____
ACA Member #:	_____

Sunday, March 21

Time	ID#	Activity	Credit	Attended
7:30am - 8:30am		60-Minute Program	1.0	
9:00am - 10:30am	N/A	Keynote Speaker	1.5	
11:00am - 11:30am		Poster Session	.5	
11:00am - 12:00am		60-Minute Program	1.0	
11:30am - 12:30pm	N/A	ASGW Symposium	1.0	
1:00pm - 4:00pm	N/A	IAMFC Speaker	3.0	
2:00pm - 2:30pm		Poster Session	.5	
2:00pm - 3:30pm		90-Minute Program	1.5	
3:00pm - 3:30pm		Poster Session	.5	
3:45pm - 4:45pm		60-Minute Program	1.0	
4:00pm - 4:30pm		Poster Session	.5	
5:00pm - 5:30pm		Poster Session	.5	
5:00pm - 6:30pm		90-Minute Program	1.5	
TOTAL FOR DAY				

Monday, March 22

Time	ID#	Activity	Credit	Attended
7:30am - 8:30am		60-Minute Program	1.0	
8:45am - 10:15am		90-Minute Program	1.5	
10:30am - 11:30am		60-Minute Program	1.0	
12:00am - 1:30pm		90-Minute Program	1.5	
TOTAL FOR DAY				

GRAND TOTAL	
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Maximum Hours that can be earned: 21.5 contact clock hours

Profession (Check):

- Counselor
- Counselor Educator
- Student
- Psychologist
- Social Worker
- Alcoholism & Drug Abuse Counselor
- Other: _____

Saturday, March 20

Time	ID#	Activity	Credit	Attended
7:30am - 8:30am		60-Minute Program	1.0	
9:00am - 10:30am	N/A	Opening Keynote	1.5	
11:00am - 11:30am		Poster Session	.5	
11:00am - 12:00am		60-Minute Program	1.0	
2:00pm - 2:30pm		Poster Session	.5	
2:00pm - 3:30pm		90-Minute Program	1.5	
3:00pm - 3:30pm		Poster Session	.5	
3:45pm - 4:45pm		60-Minute Program	1.0	
4:00pm - 4:30pm		Poster Session	.5	
5:00pm - 5:30pm		Poster Session	.5	
5:00pm - 6:30pm		90-Minute Program	1.5	
TOTAL FOR DAY				

I certify that the information I have reported on this form is complete and accurate.	
Signature _____	Date _____

Payment Information

Full payment must be enclosed for certificate to be processed.

() Check or money order, payable to ACA in U.S. funds.
 () VISA () MasterCard () American Express () Discover
 Credit Card # _____ - _____ - _____ - _____
 Security Code _____ Exp. Date ____ / ____

Authorized Signature _____

Cardholder's Name (print) _____

Phone # _____ Date _____

For any inquiries regarding CE for this Conference, please call 800-347-6647 x229.