

ACA 2014 Conference & Expo Education Sessions -- CE Report Form

Instructions:

Complete and return this form by December 31, 2014 in order to receive a CE certificate.

- (1) You must attend a session for 100% of the time to receive credit. DO NOT claim credit for a session that you presented.
- (2) Complete this form and submit:

FREE!

Online at www.prolibraries.com/counseling
 When you submit online, we'll waive the processing fee!
 You will receive access to view/print your certificate instantly under "CE Certificate".

\$15

Print one evaluation form, per session attended, at www.counseling.org/conference
 Mail completed form and evaluations with \$15 processing fee to ACA at:
 American Counseling Association
 Attn: Accounting Department
 5999 Stevenson Avenue
 Alexandria, VA 22304
 Your certificate will be mailed two to three weeks after receipt.

Name:	_____
Email Address:	_____
ACA Member #:	_____
Phone Number:	_____

Friday, March 28

Date	ID#	Activity	Credit	Earned
7:00 a.m. - 8:00 a.m.		60-Minute Program	1.0	
8:30 a.m. - 10:00 a.m.	N/A	Opening Keynote	1.5	
10:30 a.m. - 12:00 p.m.		90-Minute Program	1.5	
2:00 p.m. - 3:30 p.m.		90-Minute Program	1.5	
4:00 p.m. - 5:00 p.m.		60-Minute Program	1.0	
TOTAL FOR DAY				

Saturday, March 29

Time	ID#	Activity	Credit	Earned
7:00 a.m. - 8:00 a.m.		60-Minute Program	1.0	
8:30 a.m. - 9:30 a.m.	N/A	Keynote Speaker	1.0	
10:00 a.m. - 11:30 p.m.		90-Minute Program	1.5	
2:00 p.m. - 3:30 p.m.		90-Minute Program	1.5	
4:00 p.m. - 5:00 p.m.		60-Minute Program	1.0	
TOTAL FOR DAY				

Sunday, March 30

Time	ID#	Activity	Credit	Earned
7:00 a.m. - 8:00 a.m.		60-Minute Program	1.0	
8:30 a.m. - 10:00 a.m.		90-Minute Program	1.5	
10:30 a.m. - 11:30 p.m.		60-Minute Program	1.0	
TOTAL FOR DAY				

GRAND TOTAL	
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Payment Information

Full payment must be enclosed for certificate to be processed.
 Check or money order, payable to ACA in U.S. funds.
 Credit Card # _____

_____ - _____ - _____ - _____
 Security Code _____ Exp. Date ____ / ____

Authorized Signature _____

Cardholder's Name (print) _____

I certify that the information reported is complete and accurate.

 Signature Date

*For questions regarding CE for this Conference,
 call 800-545-2223 x229*