

Register online at www.sswr.org or mail to Travelink / SSWR Conference, 404 BNA Drive, Suite 650, Nashville, TN 37217
 Tel. (615) 367-4900 x-5113 • Toll Free (800) 821-4671 • Fax (615) 367-0012 Please type or print legibly.

All presenters must register for the conference and must be current 2019 SSWR members. (Please add an additional \$15.00 processing fee if mailed or faxed.)

*Fields are required

*first name	*last name	*suffix	*first name you prefer on your badge
*name of university or organization			
*mailing address - check here if home address <input type="checkbox"/>			
*city	*state/province	*zip/postal code	*country
*email	*daytime phone / cell	*fax	

By submitting this form you are giving SSWR permission to contact this person about this conference. Email addresses will not be sold to or shared with other organizations, nor will they be included in any publications by SSWR.

*Would you like to receive emailed announcements of future SSWR conferences and activities? Yes No

***ETHNICITY #1 Please indicate your ethnicity(ies) (select all that apply):**

- | | |
|--|--|
| <input type="checkbox"/> Black, African American, African Caribbean (non-Hispanic) | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Latino, Hispanic, Spanish | <input type="checkbox"/> Mixed/Biracial/Multiracial |
| <input type="checkbox"/> White/Caucasian, European (non-Hispanic) | <input type="checkbox"/> Prefer not to specify |
| <input type="checkbox"/> American Indian, Alaska Native, Native Hawaiian, Indigenous | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Asian | |

ETHNICITY #2: If you wish, please specify how you prefer to be self-identified: (i.e., please specify your preferred ethnicity/ies)

*Disability: Yes No Prefer not to specify

***What is your gender identity? (Please check all that apply):**

- | | | |
|--|---|--|
| <input type="checkbox"/> Agender | <input type="checkbox"/> Man | <input type="checkbox"/> Non-Binary/Non-Conforming |
| <input type="checkbox"/> Cisgender (i.e., Not Transgender) | <input type="checkbox"/> Transgender | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Gender Expansive | <input type="checkbox"/> Trans Man/Trans Masculine | <input type="checkbox"/> My gender identity is not represented in this list. |
| <input type="checkbox"/> GenderFluid | <input type="checkbox"/> Trans Woman/Trans Feminine | My gender identity is: _____ |
| <input type="checkbox"/> GenderQueer | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Prefer not to say |

***What is your sexual orientation/sexual identity? (Please check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> My sexual orientation/sexual identity is not represented in this list. |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | My sexual orientation/sexual identity is: _____ |
| <input type="checkbox"/> Demisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Not Sure | |
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Two-Spirit | |

Is there anything else you'd like us to know regarding your sexual orientation/sexual identity, gender identity, and/or gender expression which the previous questions did not allow for? _____

Special Needs Request must be received by December 8, 2018:

Please indicate _____
 Food allergies _____

Special Interest Group: Name the group you would like to attend: _____
 (Listing of SIGs meetings is available on the SSWR website, www.sswr.org.)

Paper Presenters - SSWR's Standard Audio Visual Package includes a Screen and LCD/PowerPoint. For other AV requests contact Patty Couch, CMP at **Travelink, American Express Travel**. Please request only what you need. Any additional equipment will be at your own expense. **PRESENTERS/SPEAKERS MUST FURNISH THEIR OWN LAPTOP COMPUTERS.**

Photo Release Statement & Agreement: From time to time, SSWR will take photos of conference events and reserves the right to use these photographs in its promotional materials. Unless this permission is revoked in writing to SSWR, by virtue of their attendance all conference participants agree to the use of their likeness in such materials.

SSWR Mentoring Match Program: "Coffee with a Scholar": organized by the SSWR Doctoral Taskforce for the SSWR 2019 Annual Conference that will be held in San Francisco, CA, January 16-20, 2019, the goal of the program is to facilitate a potential mentorship opportunity for doctoral students by coordinating one-to-one meetings between faculty and researchers at other institutions over the course of the SSWR 2019 Annual Conference. We expect these meetings to take the form of an hour-long coffee date during the conference. This is a great opportunity for faculty and students across institutions to connect! If you would like more information, please contact Emma Carpenter at eccarpenter@wisc.edu. Are you interested in participating in this program? Yes No



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Please check all of the following that you plan to attend. Please note that some activities require an additional fee:

Thursday, Jan. 17, 2019, Research Methods (RMW) Workshops (please select one)

Thursday, Jan. 17, 2019, Special Sessions on Research Priorities and Capacity Building (SSRP&CB)

- CBPR to Address Gender-based Violence (\$100)
- Qual Research Methods for Understanding Violence (\$100)
- Critical Feminist Research and Writing (\$100)
- Longitudinal Data Analysis & Latent Growth Curve Modeling (\$100)

- Developing Successful Minority Scholars (\$15)
- Capacity Building w/Gender & Sexual Minorities (\$15)
- Qual Approach to Conducting Violence Research (\$15)
- Moving Research into Action for Social Change (\$15)
- Innovative Methods for Disseminating SW Scholarship (\$15)
- Innovative Use of Technology in Addressing Gender-based Violence (\$15)

- Continuing Education Units (\$25)
- Thursday Welcome Reception
- Saturday President's Reception
- Doctoral Student Session & Luncheon
- Guest for Thursday Welcome Reception (\$30)
- Guest for Saturday President's Reception (\$30)
- Guest for two receptions (Thursday Reception, and Saturday Reception) (\$50)

NAME OF GUEST _____

SSWR Member: Yes No Member ID: _____
(If you do not know your member ID, please contact SSWR at info@sswr.org.)

Conference Registration Rates (Circle the price you are paying)

	Early Registration (By 12/7/18)	Late Registration (By 1/4/19)	On-Site Registration
SSWR Member	\$425	\$455	\$555
Non-Member	\$640	\$670	\$705
Student Member	\$150	\$175	\$215
Student Non-Member	\$240	\$265	\$295
CEUs	\$25	\$25	\$25
Guest for Reception(s)	\$30	\$30	\$30
RM Half-day Workshop	\$100	\$100	\$115
SSRP&CB	\$15	\$15	\$15
Meet the Scientist Luncheon	\$20	\$20	\$20

Pre-Conference Online Registration will close **January 4, 2019**. Registrations received after that date will be processed on-site and include a \$15 processing fee. Registrations received by fax or mail require a \$15 processing fee. Make checks payable to Travelink, Inc. and mail to the address above. Processing fees are for Travelink, Inc.

Refunds/Cancellations: A refund of 50% of the registration fee will be given by SSWR in the event of cancellation. Notification must be received by **January 4, 2019**. Refunds after this date are not possible.

Method of Payment: Credit Card Check (made payable to **TRAVELINK, INC**) Purchase Order (# _____)

Credit Card Type: Master Card Visa American Express Discover \$_____ Total amount + \$15 processing fee paid

Card # _____ - _____ - _____ - _____ Expires _____ / _____ CVV: _____

Name on Card _____ Signature _____

Billing Address: Same as above _____

Your Credit Card Statement will show a charge from Society for Social Work and Resea, Nashville, TN (615) 367-4900.



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*Type of Organization Affiliation (check all that apply)

- College or University
- For-profit organization
- Government agency or organization
- Private Practice/Consultant
- Non-profit research center not affiliated with a university
- Other (please specify) _____
- Not applicable

*Current Research Methods/Types (check all that apply)

- Qualitative Methods – Grounded Theory
- Qualitative Methods – Ethnography
- Qualitative Methods – Case Study
- Qualitative Methods – Narrative
- Qualitative Methods – Phenomenological
- Mixed Methods (qualitative-quantitative)
- Systematic Review (e.g., meta-analysis)
- Pilot Study
- Program Evaluation
- Longitudinal Design
- Experimental/RCT
- Quasi-Experimental
- Descriptive/Correlational
- Time Series (includes single-system design)
- Survey
- Psychometric/Instrumentation Study
- Ecological Analysis (e.g., GIS/mapping)
- Advanced Statistical Analysis (HLM, SEM, etc.)
- Other (please specify) _____
- Not applicable

*Current Research Topics of Interests (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adolescent Delinquency | <input type="checkbox"/> End-of-Life/Palliative Care | <input type="checkbox"/> Organizational Theory and Practice |
| <input type="checkbox"/> Adolescent Health and Mental Health | <input type="checkbox"/> Ethical Issues | <input type="checkbox"/> Parenting and Families |
| <input type="checkbox"/> Adolescent Substance Abuse | <input type="checkbox"/> Ethnic Minority Groups | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Adolescent Violence | <input type="checkbox"/> Evidence-Based Practice | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Social Policy |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Gay, Lesbian, Bisexual, Transgender (GLBT) | <input type="checkbox"/> Social Work Education |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Gender Issues | <input type="checkbox"/> Social Work Practice |
| <input type="checkbox"/> Caregiving | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Social Work Research and Scholarship |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Health and Illness (Cancer, Diabetes, et al.) | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Homelessness and Housing | <input type="checkbox"/> Theory |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Violence in Communities |
| <input type="checkbox"/> Depression | <input type="checkbox"/> International Social Work | <input type="checkbox"/> Welfare Reform |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Intervention Research | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Low-wage Jobs and Vulnerable Workers | <input type="checkbox"/> Work and Family Issues and Policies |
| <input type="checkbox"/> Drug Use/Abuse | <input type="checkbox"/> Management and Administration | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Early Childhood/Infancy | <input type="checkbox"/> Mental Health Treatment and Services | <input type="checkbox"/> Not applicable |

*Occupational Type (check all that apply)

- Academic Faculty
- Researcher
- Practitioner
- Policy Maker
- Administrator
- Not applicable

*Current Sources of Funding for Research in Which You Are Principal or Co-Principal Investigator

- Federal Agency
- State Agency
- Local Government Agency
- Foundation
- Other Private Source
- Own Agency
- Other (please specify) _____
- Not applicable

Are you a member in other Social Work-related organizations?

- NASW (National Association of Social Workers)
- CSWE (Council on Social Work Education)
- NADD (National Association of Deans and Directors)
- BPD (Baccalaureate Program Directors)
- GADE (Group for the Advancement of Doctoral Education)
- Other (please specify) _____
- Not applicable