

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-2085 • Fax (615) 367-0012 • sswr@travelink.com • Please type or print legibly.

All presenters must register for the conference and must be current 2024 SSWR members.

*Fields are required

*first name _____ *last name _____ *suffix _____ *first name you prefer on your badge _____

Pronouns: He/him/his She/her/hers They/them/theirs Other

*name of university or organization _____

*mailing address - check here if home address _____

*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

Membership Demographic Questions on Gender Identity and Sexual Orientation and Race and Ethnicity

In 2019, the Membership Committee, chaired by Lin Fang, employed a systematic process to modify the sexual orientation/sexual identity and gender identity questions on the membership and registration forms. The goal of these modifications is to ensure that the membership and registration forms capture the most accurate and inclusive information about our SSWR constituents. This information will be used to tailor programs and practices that more effectively address diversity and inclusion within our organization. During 2021, the Membership Committee, chaired by Jodi Berger Cardoso, continued its work and provided opportunities for members to give feedback including a membership survey and virtual town halls on how to modify and update the current questions about race, ethnicity and disability on the membership and registration forms. Though modifications have not been updated for 2024 the Board of Directors acknowledges the importance of this work and will further study how best to be an inclusive and welcoming organization. The Board will continue to utilize a transparent process that is responsive to the membership. We appreciate your support as we continue on this journey and welcome the involvement and feedback of membership.

*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. My sexual orientation/sexual identity is: _____ |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | |
| <input type="checkbox"/> Demisexual | <input type="checkbox"/> Queer | |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning/Not Sure | <input type="checkbox"/> Prefer not to say |
| <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? _____

SSWR Mentoring Match Program:
 "Coffee with a Scholar": organized by the SSWR Doctoral Committee for the SSWR 2024 Annual Conference that will be held in Washington, DC, January 12-14, 2024. 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 2024 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! **Sign up deadline is 12/01/2023.** SSWR will make the best efforts to match applications received by deadline. If you would like more information, please contact **Rita Hu at rxhu@umich.edu**. Thank you for your interest in our mentorship program.
 Are you interested in participating in this program as Mentor Mentee?



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Special Needs Request must be received by December 3, 2023:

Please indicate _____

Food allergies _____

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

Photo & Video Release Statement & Agreement: From time to time, SSWR will take photos and videos of conference events and reserves the right to use these photographs and videos 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.

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

Thursday, Jan. 11, 2024, Research Methods (RMW) Workshops (please select one)

- Collective Action and Mobilization initiatives (\$150)
- Participatory Action Research (\$150)
- Spatial Analysis Research Methods (\$150)
- ChatGPT (\$150)

Thursday, Jan. 11, 2024, Special Sessions on Research Priorities and Capacity Building (SSRP&CB)

- Funding Opportunities (\$50)
- Mentoring up (\$50)
- Community Engaged and Anti-Oppressive Scholarship (\$50)
- Diverse Faculty Scholars (\$50)
- Translating and Disseminating Knowledge (\$50)

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

Membership Discounted Registration Rate

NAME OF GUEST

To take the membership discounted registration rate, one must be a current SSWR member at the time of registration, i.e., if you are a 2023 member and register in 2023 you may take the discounted rate for the 2024 conference. If you join or renew your membership for 2024 before you register (www.sswr.org) your new/updated contact and demographic information will not be reflected on the registration form in real-time; you will need to re-enter your information. Please note, if you are a presenter you must be a current member at the time of your presentation in 2024 regardless of when you register.

SSWR Anti-Harassment Policy and Code of Ethics and Procedures Review of Member Conduct

SSWR's anti-harassment policy and code of ethics and procedures for review of member conduct is available at <https://secure.sswr.org/about-sswr/sswr-anti-harassment-policy/>. I acknowledge that I have received, read, and understand the anti-harassment policy and code of ethics of the Society for Social Work and Research (SSWR). _____ Agree

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



CONFERENCE REGISTRATION FORM (PAGE 3 OF 5)

Register online at www.sswr.org or mail to Travelink / SSWR Conference, 404 BNA Drive, Suite 650, Nashville, TN 37217
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All presenters must register for the conference and must be current 2024 SSWR members.

SSWR Presenters & Speakers*

All presenters/speakers are required to register for the conference and must be current 2024 SSWR members. This includes ALL oral and poster presenters, symposia organizers, paper presenters and discussants, and workshop and roundtable speakers.

*Are you a presenter or speaker? Yes No

Conference Registration Rates (Circle the price you are paying)

	Early Bird Registration (By 12/1/23)	Standard Registration (12/2/23 - 1/9/24)	Late Registration (1/10/24 - 1/14/24)
Member, In Person.....	\$475	\$570	\$715
Member, Live Stream Only.....	\$200	\$240	\$240
Non-Member, In Person.....	\$750	\$900	\$1125
Non-Member, Live Stream Only.....	\$450	\$540	\$540
Student Member, In Person.....	\$150	\$180	\$225
Student Member, Live Stream Only.....	\$90	\$110	\$110
Student Non-Member, In Person.....	\$240	\$290	\$360
Student Non-Member, Live Stream Only.....	\$150	\$180	\$180
Community Partner*, In Person.....	\$240	\$290	\$360
RM Half-day Workshop.....	\$150	\$180	\$225
SSRP&CB.....	\$50	\$60	\$75
"Meet the Scientist" Luncheon.....	\$20	\$25	\$30

*Discounted Community-Partner rate. Eligibility:

1. Do not primarily perform research- or evaluation-related duties as part of their job
2. Are not employed by a research-focused organization or university
3. Are not employed by a federal government agency

Examples: child welfare workers, social service organizational administrators, school social workers, mental health program coordinators, individual clinicians, caseworkers in social service agencies, and individuals who had lived experiences of foster care, homelessness, or other structural social issues.

Pre-Conference Online Registration will close **January 9, 2024**.

Registrations received by fax or email require a \$25 processing fee.

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 **December 20, 2023**. 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

Card # _____ - _____ - _____ - _____ Expires _____ / _____ CW: _____

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

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SSWR Acknowledgement of Personal Responsibility, Waiver, and Assumption of Risk for 2024 Conference Participants

I acknowledge that SSWR cannot guarantee that I will not be exposed to or contract COVID-19 or other communicable diseases (e.g., "COVID-19") as a result of or in connection with my participation in the conference, and that exposure to COVID-19 may result from the negligent actions or omissions of SSWR, the Marriott Marquis Washington, DC Hotel, or others who may attend or be present at the conference.

I understand the risk that I may be exposed to or infected by COVID-19 by attending or traveling to the conference.

I knowingly and freely assume all risks, both known and unknown, related to exposure to or infection by COVID-19 in connection with the conference and assume full personal responsibility for any such exposure and any resulting injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, or expense, of any kind, that I may experience or incur in connection with any exposure to or infection by COVID-19.

I forever release, promise not to sue, discharge, and hold harmless SSWR, the Marriott Marquis Washington, DC Hotel, and all of their respective trustees, directors, officers, staff, and contractors (collectively the "SSWR Parties" and each a "SSWR Party") from any and all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to exposure to or infection by COVID-19 at the conference, whether arising directly or indirectly, now or in the future, including any exposure or infection resulting from the negligent acts or omissions of any SSWR Party.

I agree to abide by all COVID-19-related requirements, advisories, orders, policies, procedures, and protocols issued or mandated by SSWR, the Marriott Marquis Washington, DC Hotel, the government of Washington, DC and the District of Columbia, the Centers for Disease Control and Prevention (CDC), and any other partner organization or governmental authority for the duration of the conference January 10-14, 2024.

* I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Print Name

Date