REGISTRATION

62nd Annual Training Conference & Exposition
Norfolk, Virginia
Sunday, May 18 - Thursday, May 22, 2025

A registration form MUST be completed by each attendee.

You may register now by visiting **www.ericsa.org**

Mailed Registrations Deadline:
Please do not mail registrations in after **May 9, 2025** as we cannot guarantee receipt in a timely manner for processing.

Send to:
Fax or email registration forms to:
505-890-0703 **info@ericsa.org**

Questions Regarding Registration?
Please call 505-508-2999 or email **info@ericsa.org**

Cancellations: ERICSA understands that unforeseen circumstances may prevent a registrant from attending our conference. All cancellations must be received via email to: info@ericsa.org prior to April 18, 2025. Cancellations by this date are subject to a $50 cancellation fee, and the remainder of your registration fee will be refunded no later than 30 days after the conclusion of the conference. Refunds will not be granted for cancellations received after April 18, 2025. If the registration is unpaid and the cancellation is received before Friday, April 18, 2025, the individual/employer/organization is responsible for the $50 cancellation fee. If the registration is unpaid and the cancellation is received after Friday, April 18, 2025, the individual/employer/organization is responsible for the full registration fee. There is no cost to substitute an attendee. Refunds will not be granted if a fully paid registrant fails to show up for the conference.

Registration Payment Policy: Registration payment MUST be received in full before an attendee will be able to attend the conference. If an attendee is submitting registration payment by mail, the payment must be received no later than Monday, May 12, 2025. Payments may be made by check, money order, credit card, debit card, ACH, or Purchase Order (PO). If paying via PO, it must be paid PRIOR to the conference. Payments can also be made at the onsite registration desk.

REGISTRANT'S INFORMATION

First Name:_____ Last Name:_____

Badge Name (First Name or Nickname):_____ Title: _____

Organization/Agency/Company:_____

Address:_____ City: _____ State:_____

Country/Territory/Province (non US only): _____ Zip/Postal Code: _____

Direct Phone/Extension:_____ Attendee's Email:_____

This is my_____ ERICSA Conference Number of years in child support: _____ ☐ I am an IJ Fair Ambassador

BILLING INFORMATION

Organization/Agency/Company Name:_____

To the attention of: _____ Purchase Order # _____

Billing Email: _____

Posting Photos on Social Media
Photos are taken throughout the conference of attendees while participating in conference activities. Your completion of this registration form gives your permission to ERICSA to take photos and use them on social media and the ERICSA website.

Business Contact Information
The contact information provided herein on the registration form will be shared with all of the conference attendees and conference sponsors and exhibitors.

Pursuant to the Americans with Disabilities Act, do you require specific aids or services?
☐ Yes ☐ No If yes, please specify: _____

_____

_____

Do you have any dietary needs or restrictions? ERICSA will endeavor to accommodate your dietary needs but cannot guarantee all needs can be met.
☐ Yes ☐ No If yes, please specify: _____

_____

REGISTRATION

Registration Type: I am registering as *(select only one)*:

☐ Conference Attendee ☐ Speaker/Moderator ☐ Exhibitor/Sponsor
☐ Board Member ☐ Life Member ☐ Volunteer *(available only to Virginia residents who have been pre-approved by the Volunteer Coordinator)*

CONFERENCE FEES	Fee	Amount Due
Regular	$525	
Daily to attend educational sessions – $225 each day *(does not include any tickets)* ☐ Monday ☐ Tuesday ☐ Wednesday	$225 x _____	
Speaker/Moderator	$475	
☐ **Board Member** – $425 ☐ **Life Member** – $0	$425/$0	
Volunteer Pre-Approved VA Only	$425	
Scholarship Winner	$0	
Exhibitor Floor Pass Only *(does not include any tickets)*	$150	
Vendor ☐ comp with booth ☐ comp with sponsorship	$0	
CLE: CLE Form showing all workshops attended for the CLE credit *(OPTIONAL and NOT included in the registration fees)*	$50	
ADDITIONAL TICKETS		
Sunday President's Reception Tickets: # of tickets _____ for guest/non-attendee *(1 ticket included in the registration fees unless noted otherwise)*	$45 x _____	
Wednesday Dinner Banquet: # of tickets _____ for guest/non-attendee *(1 ticket included in the registration fees unless noted otherwise)*	$70 x _____	
Thursday Business Breakfast Tickets: # of tickets _____ for guest/non-attendee *(1 ticket included in the registration fees unless noted otherwise)*	$20 x _____	
Subtotal:		
Amount Paid:		
Balance Due		

PAYMENT INFORMATION

ERICSA FEDERAL ID #: 41-1281093

Mail checks to:

ERICSA
c/o MgR & Associates
PO Box 67585
Albuquerque, NM
87193

☐ **I will be paying by credit card.**
All credit card information fields MUST be completed.

Total to be charged: _____

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

Name as it appears on the credit card:

_____

Card #: _____

Exp Date:____/____ CVV Code: _____ (3 digits for VISA/MC, 4 digits for AmEx)

Billing Zip Code: _____

If you will be paying for any of the optional items separately, please mail a check or provide a different credit card number.

Total to be charged: _____

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

Name as it appears on the credit card:

_____

Card #: _____

Exp Date:____/____ CVV Code: _____ (3 digits for VISA/MC, 4 digits for AmEx)

Billing Zip Code: _____